HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORT

of the

County Medical Officer

and

Principal School Medical Officer

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1962

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COUNTY MEDICAL OFFICER
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INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1962, covering both the Health and School Health Services.

Study of the vital statistics shows once again the continuation of the generally healthy trend of the past years. The population of the Administrative County continues to rise steeply; the figure for 1962 shows an annual increase of 26,580, of which figure practically 20,000 represents inward movement of population.

The present and future planning of the County Medical Service is geared to meet the increasing population and particular attention is being given to those areas into which large London overspill is scheduled to take place.

Following the publication of the Hospital Ten Year Plan the Ministry of Health requested local health authorities to review their services and put forward proposals covering a ten year period up to the 31st March, 1972. The key to this review lies in the following quotation from the Hospital Plan:—

> " In drawing up the hospital plan, it has been assumed that the first concern of the health and welfare services will continue to be to forestall illness and disability by preventive measures; and that where illness or disability nevertheless occurs, the aim will be to provide care at home and in the community for all who do not require the special types of diagnosis and treatment which only a hospital can provide. Thus any plan for the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community."

Herein lies a great challenge to the local health authorities for increased care and treatment in the community means that the local health authority facilities must be planned and staffed accordingly and particularly in such a way that full facilities are given to the family doctors to enable them to give a full and comprehensive service to their patients; for, again quoting from the Hospital Plan:—

> " The effectiveness of the general practitioner can be greatly enhanced by the development of supporting services, whether provided by the hospitals or by the local authorities."

In this connection the immense value of our County scheme for the attachment of health visitors, district nurses and midwives to work exclusively with general practitioners is immediately apparent and the continuing development along these lines is one of the main planks of our future plans.

I had hoped during the year to see a start in the building of the Hythe Health Centre from which a fully comprehensive medical service will be run by the general practitioners, who in addition to their own normally accepted duties will run the local authority services, including the school health service. From this Centre they will work with their attached health visitors, district nurses and midwives in a manner which should prove of immense interest as a study of integrated medical services which may well prove to be a pattern for the future.

In the special section of this Report on Mental Health, comment is made of the development of the service during the year. The volume of work continues to grow and additional staff is essential in relation to care in the community. The exceptionally good relationship between the officers of the Regional Hospital Board and the Department is of the greatest value because there is so much to do together in this field. The strong support of the Mental Health Sub-Committee, the Health and Finance Committees is encouraging. It is interesting to note the Mental Health expenditure—in 1959-60: £59,458, this by 1962-63 has increased to £144,130, whilst the estimate of gross expenditure for the current financial year is £210,495. The decision of the Hampshire Voluntary Association for Mental Health to wind up its affairs was received with regret. The Association gave long, valuable and practical service particularly in the years before 1948 when the Association was responsible for the Mental Welfare Service in Hampshire, but as the County Council had gradually taken over the service since 1948 the work of the Association had diminished. The development of the community care service on an " Area " basis did not make the Association, which was centralised, readily adaptable and it was felt that it would be a better arrangement for each Area to maintain its own fund derived from local charity and these have now been set up.

Once again I am greatly indebted to my Deputy, Dr. Bacon, for the great care and attention he has given to the affairs of the School Health Service and I would wish to draw particular attention to page 32 et seq; of this Report wherein an attempt is made to paint a fresh picture of the aims and objects of the School Health Service and an assessment of the school child in terms not of defects discovered but of his general physical and mental health.

Throughout my Reports for the past few years reference has been made in practically all sections to the tremendous help and service given through Voluntary Organisations. This aspect of the Social Service is a most vital one and Hampshire is fortunate to have so many organisations giving such unselfish service. They are always ready to help and their full value in service is not only appreciated by the large numbers they help but also by the Committees and officers responsible for the organisation of these national services.

In concluding this introduction I would wish to express my sincere thanks to the Chairman and Members of the Committees associated with the work of my Department for their help and encouragement. I am as always deeply indebted to the members of my staff for their loyalty, enthusiasm and good work throughout the year.

I. A. MacDOUGALL,
County Medical Officer.

STAFF

(As at 31st December)

County Medical Officer and Principal School Medical Officer:
I. A. MacDougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:
L. J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer for Mental Health:
Dr. E. B. McDowall, D.S.C., M.A., M.B., B.Ch., D.P.M.

Senior Medical Officers:
Dr. J. D. Willins, M.B., Ch.B., D.P.H.
Dr. P. L. Karney, M.B., B.S., D.P.H.

Whole-time Assistant County Medical Officers and School Medical Officers

Catherine Avery, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (Senior A.C.M.O.)
Barbara Acutt, M.B., Ch.B., D.C.H.
Laurel Campbell, M.R.C.S., L.R.C.P.
T. F. H. Duffell, M.R.C.S., L.R.C.P., C.P.H.
Joan H. Nuttall, M.B., B.S.
Dorothy E. M. Pierce, M.B., Ch.B., D.C.H.
Phyllis Watson, B.A., M.R.C.S., L.R.C.P.
Sylvia H. Yates, M.B., Ch.B., D.P.H.

Part-time Assistant County Medical Officers and School Medical Officers

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.
Rosemary Bradmore, M.B., Ch.B., C.P.H., D.C.H.
Catherine Coutts Milne, M.B., Ch.B., D.P.H.
Margaret Cowan, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.
Muriel Evans, M.D., F.R.C.S.
Margaret Exley, J.P., M.B., B.S.
A. H. Golledge, M.R.C.S., L.R.C.P.
Margaret J. Gray, M.B., Ch.B., L.R.C.P., M.R.C.S.
Eunice H. Johnson, M.B., B.S., C.P.H.
Aldyth Munro, M.B., Ch.B.
Margaret R. Shail, B.A., M.B., Ch.B., D.Obst.R.C.O.G.
Angela J. Smith, M.R.C.S., L.R.C.P., D.A.
Lilian G. Stockwell, M.B., B.Ch., B.A.O., M.R.C.P.
Vivien V. Tracey, B.Sc., M.B., B.Ch., D.C.H., D.P.N.

A.C.M.O./S.M.O.'s also Medical Officers of Local Sanitary Authorities

J. Coutts Milne, M.B., Ch.B., D.P.H., D.T.M. & H.
M. Crowley, M.B., Ch.B., D.P.H.
W. A. Glen, M.B., Ch.B., D.P.H.
R. A. Good, M.B., Ch.B., B.A.O., D.P.H.
R. L. Goodey, B.A., M.R.C.S., L.R.C.P., D.P.H.
S. Hewitt, M.B., B.S., B.Hy., D.P.H. (whole-time M.O.H. Havant and Waterloo U.D. Delegation Authority).
A. C. Howard, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Esther Jackson, M.B., Ch.B., D.P.H.
P. L. Karney, M.B., B.S., D.P.H. (Senior Medical Officer).
J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H., Aldershot Divisional School Medical Officer.
D. J. N. McNab, M.B., Ch.B., D.P.H.
S. C. Chalmers Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
P. V. Pritchard, M.D., F.R.C.P., F.R.F.P.S., D.P.H. (M.O.H. Gosport Delegation Authority).
T. E. Roberts, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.
R. J. K. Tallack, M.B., Ch.B., D.P.H.

Chest Physicians

(Joint Appointments, Regional Hospital Board and County Council)

J. Butterworth, M.B., B.S.(Lond.), D.P.H.
A. Capes, M.D., B.S., M.R.C.S., L.R.C.P.
D. C. Lillie, M.B., Ch.B.(Glas.), D.P.H.
D. MacCallum, M.B., Ch.B.(Glas.).
M. E. Moore, M.A., M.D., B.Chir.
J. S. Robertson, M.D., Ch.B., D.P.H.
J. Sharp, M.R.C.S., L.R.C.P.
D. J. ap Simon, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

Chief Dental Officer and Principal School Dental Officer:
Mr. C. C. Chadwick, L.D.S.

Dental Officers

Whole-time:

Mr. G. Belfield, B.D.S.
Mrs. J. Carruthers, L.D.S.
Mr. S. E. H. P. Dodds, L.D.S.
Mr. A. J. Edwards, F.D.S., R.C.S.(Eng.).
Mrs. J. C. Ellwood, L.D.S.
Col. H. L. Foulkes-Roberts, L.D.S.
Dr. H. Freeth, M.R.C.S., L.R.C.P., L.D.S., R.C.S.(Eng.).
Mr. R. T. Hale, L.D.S., R.C.S.(Eng.).
Mr. L. J. Haworth, L.D.S., R.C.S.(Eng.).
Mr. P. E. Jeffery, L.D.S., R.C.S.
Mr. J. A. Leney, L.D.S.
Mr. K. Leney, L.D.S.
Mrs. E. B. McGregor, L.D.S., R.C.S.
Mr. W. McGregor Morton, L.D.S.(U.St.A.).
Mrs. M. Mules, L.D.S.
Mr. H. J. Miller, L.D.S., R.C.S.
Mr. F. Norris, L.D.S.
Mr. C. G. Palmer, C.D.S., R.C.S.(Eng.).
Mr. C. F. Preston, L.D.S., R.C.S.(Eng.).
Mr. J. H. Thompson, L.D.S., R.C.S.(Eng.).
Dr. T. H. Thompson, L.D.S., R.C.S.(Edin.), L.R.C.P. & S.(Edin.), L.R.F.P. & S.(Glas.).
Mr. J. H. Watson, L.D.S., R.C.S.
Mr. J. Wilson, L.D.S., R.C.S.
Mr. R. C. Withers, L.D.S.
Mr. W. S. Wood, B.A., B.Dent.Sc.(Dublin).

Part-time:

Dr. G. H. Ames, M.R.C.S., L.R.C.P., L.D.S.
Mrs. M. Ashley, B.D.S.(Edin.).
Mrs. J. Bassett-James, B.D.S.(Lond.), C.D.S., R.C.S.(Eng.).
Mr. T. Bassett-James, B.D.S.(Lond.), L.D.S., R.C.S.(Eng.).
Mr. W. H. Batstone, B.D.S.(Lond.), L.D.S., R.C.S.
Mrs. H. G. Bazlinton, L.D.S., R.C.S.(Eng.).
Miss E. O. Betts, L.D.S., R.C.S.(Eng.).
Mr. D. R. Brown, L.D.S., R.C.S.(Eng.).
Mr. A. H. Chivers, B.D.S., L.D.S.
Mrs. B. Durbin, L.D.S.
Mr. O. R. Ellis, L.D.S.
Mr. D. Hewett, L.D.S., R.C.S.(Eng.), B.D.S.(Lond.).
Mr. E. W. King-Turner, L.D.S., R.C.S.(Eng.).
Mr. A. Knight, L.D.S., R.C.S.(Eng.).
Mr. P. McNamara, L.D.S., R.C.S.(Eng.).
Col. W. B. Purnell, L.D.S.
Mr. H. Sly, L.D.S., R.C.S.(Eng.).
Mr. I. T. M. St. George, L.D.S., R.C.S.
Mr. I. A. Wilson, L.D.S., R.C.S.(Eng.).
Mr. H. D. Young, L.D.S., R.F.P.S.(Glas.).

Dental Anaesthetists (part-time)

Dr. J. E. Ainsley, L.R.C.P., L.R.C.S., L.D.S.
Dr. H. C. J. Ball, M.R.C.S., L.R.C.P., D.A., F.F.A.R.C.S.
Dr. Mary Brown, M.B., Ch.B., B.A.O.
Dr. Dorothy Jones, B.A., M.R.C.S., L.R.C.P.
Dr. S. G. de Clive Lowe, T.D., M.B., Ch.B., F.F.A.R.C.S., F.F.A.R.C.S.I., D.A.
Dr. Rosemary Trewby, M.R.C.S., L.R.C.P., D.A., D.P.H., D.I.H.

Dental Auxiliaries:

Miss E. Burbury
Miss M. Street

Dental Hygienist:

Mrs. D. Pascoe

Senior Dental Surgery Assistant:

Mrs. C. F. S. Davis, S.R.N.

Child Guidance Team:

Dr. I. Hadfield, B.M., Ch.B., D.P.M.	Consultant Child Psychiatrist (R.H.B.)
Dr. L. B. Bartlet, M.B., Ch.B., D.P., D.C.H. ...	Consultant Child Psychiatrist (R.H.B.)
Mr. A. W. M. Harborth, M.A., B.Ed.	Senior Educational Psychologist
Mr. J. M. Foster, M.A., B.Ed.	Educational Psychologist
Mr. V. P. Houghton, B.A.	Educational Psychologist
Mr. K. H. McLeod, B.Sc., B.Ed.	Educational Psychologist
Miss D. M. Shepherd, M.A., D.P.A.	Senior Psychiatric Social Worker
Miss W. Barnes	Psychiatric Social Worker
Miss S. M. Sparks	Psychiatric Social Worker
Miss A. K. Murphy	Psychiatric Social Worker
Miss J. Bevan	Psychiatric Social Worker
Mrs. M. Brittain	Social Worker (part-time)

School Eye Clinic Oculists (part-time):

(Regional Hospital Board)

P. L. Allen, M.R.C.S., L.R.C.P., D.O.M.S.
A. E. Barrett, M.R.C.S., L.R.C.P., D.O.M.S.
R. M. S. Cross, M.R.C.S., L.R.C.P.
T. G. S. Murray, M.R.C.S., L.R.C.P., D.O.M.S.
J. Thomas, D.S.C., M.R.C.S., L.R.C.P., D.O.
C. W. W. Brown, M.R.C.S., L.R.C.P., D.O.

Orthoptist:

(Winchester Group Hospital Management Committee)

Miss J. Plant

Speech Therapy:

Chief Speech Therapist:

Mr. A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T. (part-time)

Assistant Speech Therapists:

Miss G. M. Davies, L.C.S.T.
Miss J. A. Hughes, L.C.S.T.
Miss E. I. Osmond, L.C.S.T.
Mrs. J. A. Sanders, L.C.S.T.
Mrs. J. A. Swallow, L.C.S.T.

Audiologist:

Mr. R. M. Macpherson

County Nursing Officer:

Miss M. N. Brandish

County Ambulance Officer:

Mr. E. T. Mallinson, B.E.M.

Chief Mental Welfare Officer	Mr. C. Hemsley
County Organiser, Home Help Service	Miss L. M. Hamilton
County Organiser, Training Centres	Mrs. F. Hook
Organising Hospital Liaison Health Visitor ...	Miss M. A. Wadham
Health Education Officer	Miss P. J. Pitcairn-Jones
Audiometrician	Mr. F. R. Vitoria
Chief Administrative Assistant	Mr. C. G. Cartwright
Deputy Chief Administrative Assistant	Mr. P. L. Lloyd, D.M.A.

GENERAL AND VITAL STATISTICS

Population.

The population of the administrative County estimated by the Registrar General in Mid 1962 was as follows:—

Urban Districts ...	481,310
Rural Districts ...	320,430
Administrative County	801,740

Year	*Population*	*Year*	*Population*
1951	651,400	1957	715,100
1952	664,000	1958	732,200
1953	676,200	1959	750,000
1954	670,850	1960	765,130
1955	680,600	1961	775,160
1956	699,000	1962	801,740

1962

VITAL STATISTICS.

Live births	15,517
Live birth rate per 1,000 population	19.3
Illegitimate live births per cent. of total live births	4.7
Still births	233
Still birth rate per 1,000 live and still births	14.7
Total live and still births	15,750
Infant deaths (deaths under 1 year)	296
Infant mortality rate per 1,000 live births—total	19.0
Infant mortality rate per 1,000 live births—legitimate	18.6
Infant mortality rate per 1,000 live births—illegitimate	28.4
Neo-natal (deaths under four weeks) per 1,000 total live births	12.6
Early Neo-natal (deaths under one week) per 1,000 total live births	10.6
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	25.3
Maternal deaths (including abortion)	4
Maternal mortality rate per 1,000 live and still births	0.25

LIVE AND STILL BIRTHS.

	Male	*Female*	*Total*	*Rate per 1,000 population*	*England and Wales*
Live Births:					
Legitimate	7,539	7,240	14,779	18.4	
Illegitimate	378	360	738	0.9	
			15,517	19.3	18.0
Still Births:					
Legitimate	108	113	221	.27	
Illegitimate	6	6	12	.01	
			233	.28	—
Total Live and Still Births:	8,031	7,719	15,750	19.6	—

The illegitimate live birth rate per cent. of total live births for the County was 4.7.

The still birth rate per 1,000 total live and still births for the County was 14.7 compared with 18.1 for England and Wales.

DEATHS.

Male	*Female*	*Total*	*Rate per 1,000 population*	*England and Wales*
4,421	4,299	8,720	10.8	11.9

As will be seen from the following details extracted from the Table of deaths on page 31 the main causes of deaths continue to be diseases of the circulatory system and cancer.

	Number of Deaths					
	1962	1961	1960	1959	1958	1957
Diseases of the circulatory system	4,515	4,508	4,442	4,099	4,347	3,959
Cancer	1,499	1,524	1,443	1,339	1,363	1,319
Pneumonia	518	441	338	406	317	318
Bronchitis	365	355	299	271	271	234

MATERNAL MORTALITY.

There were four deaths in the area during 1962 attributable to Pregnancy, Childbirth and Abortion. The ages and cause of death are as follows:—

1. Age 24 Bacillus Welchii Septicaemia following instrumental abortion.
2. Age 23 Pulmonary Embolism consequent upon thrombosis of internal iliac vein.
3. Age 25 Post operative ileus following lower segment caesarean section.
4. Age 35 Cardiac arrest during operation for caesarean section following severe ante-partum haemorrhage.

The Maternal deaths and death rates per 1,000 total live and still births over the last ten years are as follows:—

Year	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Cases	11	9	6	5	7	8	7	8	2	4
Rate per 1,000	1.00	0.82	0.54	0.42	0.56	0.61	0.51	0.56	0.13	0.25

DEATHS OF INFANTS UNDER ONE YEAR.

	Number	*Administrative County*	*England and Wales*
Total Infants per 1,000 live births	296	19.08	20.7
Legitimate Infants per 1,000 Legitimate births	275	18.6	—
Illegitimate Infants per 1,000 Illegitimate births	21	28.4	—

For 1961 the figures were 18.7; 18.9; 14.2.

DEATHS OF INFANTS UNDER FOUR WEEKS.

	Number	*Rate per* 1,000 *total live births*
Neo-Natal (deaths under four weeks) ...	197	12.7
Early Neo-Natal (deaths under one week) ...	166	10.7

	Number	*Rate per* 1,000 *total live and still births*
Perinatal (still births and deaths under one week combined)	399	25.3

NEO-NATAL MORTALITY.

The number of babies dying under the age of four weeks was as follows:—

	1962	1961
Dying before 24 hours	100	95
Dying between 1 day and 1 week ...	66	67
Dying between 1 week and 4 weeks ...	31	28
	197	190

NATIONAL HEALTH SERVICES ACT, 1946

LOCAL HEALTH AUTHORITY SERVICES

Development of Community Care—Ten Year Plan.

It is I feel worthwhile repeating the introduction to the Ten Year Plan since the Health Services of the County Council over the next decade will be planned on these lines.

" As members will know the Ministry of Health has published a Command Paper entitled ' A Hospital Plan for England and Wales ' which sets out a long term plan for the development of the hospitals over the next decade. This Command Paper includes a section on care in the community which deals with the local authority services. This emphasises that where illness or disability cannot be forestalled by preventive measures, care at home and in the community, rather than in hospital, should always be the aim except where there is a need for diagnosis, treatment and care of a type which only a hospital can provide.

The Minister has accordingly asked the County Council to review its Health and Welfare Services and to draw up a plan for developing them over the next ten years. The following report relates solely to the County Health Services which are the concern of this Committee.

In preparing this Report account has been taken of what is happening or is planned to happen in related fields and consultation has been held with those authorities concerned and including, of course, the major Voluntary Organisations. The County Plan will need to interlock with the Wessex and South-West Metropolitan Regional Hospital Boards, for it is of the utmost importance that the two sets of plans should not fall out of step with each other.

Overall trend of community medical need would seem inevitably towards mental illness and degenerate diseases of old age. If these are to be our major future health problem in the community field then a wider plan is needed to enable the whole complex of multiple health services and facilities to be integrated and made available in a balanced form—community, domiciliary and hospital services.

Much of the expansion of health services will consist in the provision of more trained staff and in certain instances new premises. Apart from the normal expected increase in population in the County special regard must be paid to the London Overspill proposals affecting in particular Andover M.B., Basingstoke M.B., Kingsclere and Whitchurch R.D. (Tadley).

During the past ten years many developments have taken place, services consolidated, experiments made, and these experiences have helped in planning the next five years as well as directing thought to the second phase, i.e., to 31st March, 1972. For the purpose of this review, possible boundary revisions are ignored. Main criteria running throughout the proposals and influencing them are:—

(i) Recognition of the important part to be played by the general medical practitioner—the pioneer efforts of integration having proved themselves most successful and should be fully developed (Attachment scheme whereby health visitors, district nurses and midwives are attached to work with general practitioners).

(ii) The effect on all domiciliary services of the trend towards earlier discharge of patients from hospital care to home care.

(iii) The full utilisation of the valuable help available through the voluntary services and the co-ordination of such help to avoid overlapping.

(iv) That the needs of the growing elderly population are well catered for.

(v) The special development of the community care services for the mentally disordered in full consultation with the Wessex Regional Hospital Board including further development of the Training Centre (Adult and Junior) facilities for the mentally subnormal and the further provision of residential accommodation for certain categories of patients under the Mental Health Act."

Population.

Apart from the changing pattern which will follow the new Hospital plans the continued increase in population in this area constantly calls for examination of the service needs by way of staff and premises.

Within the County area there are at least five, possibly six, special areas where London overspill or other development is planned which, ignoring any possible action as a result of Boundary Commission recommendations, will mean that in a very few years the population of the Administrative County will exceed one million.

Comment was made in the 1961 report that the increase of population 1961 over 1960 was not as great as previously. However the 1962 figures show a very large increase—26,580—and with the development planned at Basingstoke, Andover, Tadley (all three London overspill areas) Nursling and Rownhams (Southampton) and other areas, the increased calls upon the County Services will be very real.

General.

Again the report picks out main developments. It is never possible by such brief comments or statistics to show in a true light the amount of work done by the field staff. If by some unfortunate happening vacancies could not be filled and it became impossible to maintain services, then only would there be a public outcry. They have become personal services well carried out by the specialist staff and the general public expects them to be there. It is not, however, unusual to receive a letter of appreciation but the officers concerned must always be alert for if the aim of the local health authority services, prevention of illness and maintenance of good health, is to be achieved, then it is necessary to be watchful.

The co-operation achieved by way of co-ordination and liaison between all three parts of the National Health Service, and this at all levels, is most pleasing.

The scheme outlined in my last report, which gives young general practitioners an insight into the County health and allied social services, continued, nine young doctors spending a brief period in the department. In addition three medical students and a few overseas visitors were received.

CARE OF MOTHERS AND YOUNG CHILDREN.

The **Child Welfare Services** have been maintained and wherever possible Baby Clinics established at General Medical Practitioners Surgeries. This aspect of the integration scheme whereby health visitors are attached to group practices to work directly with the general practitioner is proving of interest and value.

The **Ante-Natal Relaxation Classes** are still very popular and further comment is made on this in the section on Health Education.

The **Hearing Tests Scheme** for young children has proved successful and next year will see the appointment of a second Audiologist.

Mr. Macpherson the Audiologist reports as follows:—

" The work of the audiologist has continued during this year under the two main headings of:—

Screening Hearing Tests:—Supervision of Health Visitors; Health Visitor training; diagnostic tests of hearing.

Parent Guidance and Auditory Training.

Screening Tests of Hearing.

Because of the ever increasing list of pre-school children with a severe degree of congenital deafness which comes under the heading ' cause unknown,' it has become imperative to emphasise the importance of screening the hearing of all infants at seven to nine months, which includes those in the ever important ' at risk ' groups. Arrangements are being made for Health Visitors' returns to show the number of tests carried out under two separate headings ' at risk ' and ' routine.'

During 1962, 4,540 tests were carried out by Health Visitors of which 280 were ' at risk.' Of these, 184 failed to pass the routine test and were referred for further examination at the bi-monthly hearing reassessment clinics. In addition, 200 pre-school children awaiting Speech Therapy were examined at the bi-monthly clinics making a total of 384. Of this total number, ten pre-school children in the age range nine months to three-and-a-half years finally proved to have severe hearing loss of congenital origin.

Although the amount of hearing loss cannot be measured with any accuracy before the age of nine months, Health Visitors have been showing a much greater awareness of the response or lack of response to sound in infants at a much earlier age. In this connection it is interesting to mention two infants of three and four months respectively who showed no response whatsoever, not even of a reflex nature, to sound of varying degrees of intensity. Their histories, however, were of illegitimacy and institutionalisation. Both subsequently proved to have hearing within normal limits.

In conjunction with the Department of Economics at Southampton University, lectures and training sessions were given to Health Visitors attending the Health Visitors' Course. Hampshire County Council Health Visitors who had not had training in hearing testing, attended these courses also.

Liaison with otologists and hospital E.N.T. Departments has been much improved resulting in earlier ' final diagnosis and recommendation ' with the resultant earlier commencement of:—

Parent Guidance and Auditory Training.

The total number of infants receiving individual weekly training in the home was thirty. Of this number eighty per cent. suffer from severe or sub-total hearing loss of congenital origin.

Approximately forty-five minutes to one hour each week was devoted to each child, making a total of approximately 1,440 hours of training sessions. During these sessions of training, apparatus of high amplification is used in order to reach any residual capacity to hear. This apparatus has proved of inestimable value and it is hoped that a number of amplifiers will be available in order that parents will have use of them for longer periods. An additional function of this apparatus is its usefulness as an amplifier for a loop induction system which is used in conjunction with individual hearing aids and which enables the deaf child to have sound and speech experience of much higher fidelity. Parents have been encouraged to set up loop systems in their homes.

Lectures were given to various interested bodies including Parent Teacher Associations, Pram Clubs, and Toc H."

PRIORITY DENTAL SERVICES FOR MOTHERS AND YOUNG CHILDREN.

Hampshire has been particularly fortunate in maintaining its dental staff and in relation to the work for the **Priority Classes** (pre-school children and expectant and nursing mothers), Mr. C. C. Chadwick, Chief Dental Officer, reports:—

" Dental Inspection and Treatment was available under the County Dental Service for all mothers and young children in the County, and I have to report that once again this year the total number of pre-school children seen before their first dental inspection at school on reaching the age of five is still relatively small. It is estimated that only one in five has a dental examination, either through the County Dental Service or the family dentist, before reaching school age. The early attendance for dental examination of each pre-school child is a parental responsibility, and they must be encouraged to see that their children have regular dental examination from the age of three years. The Dental Health Education campaign has this as one of its main themes.

Patients are referred by the Medical Officers in charge of Maternity and Child Welfare Centres, by the Health Visitors and Midwives, and frequently make direct application to the Dental Clinic.

The Dental Officers continue to make six monthly visits to the larger Child Welfare Centres to examine toddlers and to give talks and advice on the dental care of young children's teeth. Some of the smaller Child Welfare Centres were also visited at the special request of the Medical Officer and Health Visitor concerned. A number of pre-school children living in rural areas were examined and received treatment during the year when the mobile dental trailers were visiting the rural schools at the time of the local routine dental inspection and treatment of the older children."

MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES.

The Nursing and Health Visiting Services had another busy year and we were fortunate to maintain our strength of personnel. Of special interest has been the development during the year of the integration scheme whereby nurses and health visitors are attached to individual group practices. This scheme, which has steadily grown over the last several years, is very much appreciated by the doctors and patients alike, for it does bring into a closer working relationship the services available to the doctor to help his patients. At the end of the year 72 members of the nursing staff (22 health visitors, seven district nurse/midwife/health visitors, two district midwives, 37 district nurse/midwives, two district nurses) were participating in this scheme.

On the same theme of integration, the development of the **Hospital Liaison Scheme** has been further extended and consolidated and here again not only does this mean that help and guidance can be given to parents whose children are in hospital or help when they return, but a link created between hospital and health visiting staff who are now accepted in the hospitals as colleagues. From the knowledge they are gaining in the hospitals, the health visitors can talk to parents in the same language as the hospital staff and, as individuals they are enjoying this new scheme since they themselves learn quite a lot.

The three-day Study Course arranged at the Royal Hampshire County Hospital was very successful and arrangements were made for ward sisters to go out with district nurses. This type of liaison does much good as they both appreciate the conditions under which each has to work. In the hospitals in the Southampton and Winchester Group Hospital Management Committee areas, where the scheme is operating, considerable experience has been gained and extensions to it are already being negotiated. It is also intended that the arrangements will include the geriatric field. Already the scheme is operative at the St. Mary's Hospital, Portsmouth, and further extensions are planned.

Earlier I have mentioned the Ten Year Plan and pointed out that as care and treatment in the community is to become a feature of the new look health services so much will depend on the Local Health Authority being able to recruit more nurses and health visitors to assist the general medical practitioners and the County Council has already recognised this and additional appointments will be made from time to time to strengthen the nursing services generally.

Maternity Cases—Social Investigations.

A slightly lower number of applications for hospital confinement on social grounds was received during the year, and district midwives continued visiting homes to report on these cases. The tendency to confirm social need is again reflected in the figures shown below; it is also apparent from home visits made that patients are now much more aware than hitherto that there is no automatic entitlement to an institutional maternity bed but that if there is no medical need, a social need must be established.

Year	*Number of Applicants*	*Number Recommended Admission*	*Number not Recommended Admission*	*Number Granted Beds*	*Number Refused*
1960	3,734	3,241 (87%)	493 (13%)	3,405 (91.0%)	329 (9.0%)
1961	3,894	3,471 (89%)	423 (11%)	3,569 (92.0%)	325 (8.0%)
1962	3,838	3,558 (93%)	280 (7%)	3,587 (93.5%)	251 (6.5%)

Care of Unmarried Mothers.

The Moral Welfare Workers of the three Diocesan Moral Welfare Councils and the Catholic Child Welfare Society covering the County area continued their excellent work. Their help in assisting unmarried expectant mothers in preparations for confinements, and in subsequent arrangements for the care of the babies was again particularly valuable.

The County Council continued its financial support by making grants to the three Diocesan Councils. In addition, payments towards the cost of maintenance fees in mother and baby homes were made on an individual basis, and the tables below indicate the extent of assistance given.

Year	*Total Illegitimate Births*	*No. of Cases Assisted*	*County Council Total Expenditure*	*Approximate Average Cost per Case*	*Average Length of Stay (weeks)*	*Average Weekly Net Cost met by County Council*
1960	640	113	£3,090	£27	11	£2 9s. 0d.
1961	719	100	£2,595	£26	13	£2 0s. 0d.
1962	738	56	£1,960	£35	14	£2 11s. 0d.

Year	*Putative Father*	*Girl*	*Parents*	*Nat. Insurance Benefit*	*County Council Grant*	*Total Cost*
1960	£112 (2%)	£62 (1%)	£248 (4.5%)	£1,938 (35.5%)	£3,090 (57%)	£5,450
1961	£189 (3.5%)	£124 (2%)	£430 (8%)	£2,058 (38%)	£2,595 (48.5%)	£5,396
1962	£157 (4%)	£44 (1%)	£229 (6%)	£1,376 (37%)	£1,960 (52%)	£3,766

VACCINATION AND IMMUNISATION.

As the tables in the statistics section show the vaccination and immunisation schemes were maintained though, following the cases of smallpox occurring in Bradford, London, the Midlands and South Wales there was a considerable demand for vaccination and re-vaccination against smallpox. As was to be expected the number of record cards received during the first quarter exceeded 58,000.

The figures in relation to immunisation against diphtheria/pertussis/tetanus show a reduction which calls to mind the need for constant vigilance and propaganda will be extended to make good this slight fall off.

Under the poliomyelitis vaccination scheme the main variation was the introduction of oral vaccine and following the acquisition of the necessary extra refrigeration equipment, supplies of this vaccine were ready for use in all County Council clinics and by general medical practitioners at the beginning of March.

Of the 16,701 primary poliomyelitis vaccinations during 1962, in 8,870 cases oral vaccine was used.

Of the 38,264 re-inforcing doses, oral vaccine was used in 19,544 instances.

AMBULANCE SERVICE.

Both the Ambulance and Hospital Car Services were kept fully occupied and an important addition to the ambulance fleet was the special Citroen ambulance which set a new standard of comfort for the seriously ill patient. A conversion of the well-known Citroen Safari car, this ambulance incorporates such features as adjustable hydro-pneumatic suspension, front wheel drive, and a very low centre of gravity. The stretcher, which has sprung wheels is carried on a roof rack when not required and three sitting cases can then be conveyed in addition to the attendant. There is no doubt that this ambulance gives an exceptionally comfortable ride even over poor roads.

One new four-bay ambulance station was brought into use at Alton to replace inadequate premises. The new six-bay station at Havant was nearing completion at the end of the year and preliminary work had been carried out prior to the building of new stations at Totton (three-bay) and at Fareham and Lymington, each main station with garage accommodation for eight vehicles.

An order was placed for ten large ambulances and the majority of these were delivered before the end of the year. Mounted on the B.M.C. diesel engined chassis the bodies were specially built to the County Council's own specification and incorporated such new features as sliding cab doors, sliding door between driving cab and ambulance compartment, modified B.M.C. stretcher gear with tray to permit any angle loading through 180°, light alloy stretcher with telescopic handles and independently sprung wheels, and fluorescent lighting for the interior. A low centre gangway was obtained by using a modified chassis with an offset rear axle and the riding qualities were improved by fitting Aeon hollow rubber springs to the rear end.

During the year the service was called upon to deal with one suspected case of smallpox. The special arrangements which were already in existence for handling such a case worked quite well but the opportunity was taken to revise the instructions to the ambulance personnel to incorporate additional points which it was felt would prove helpful.

" Wasted Journeys " still occur but constant supervision and enquiry is helping to reduce these. It is hoped that serious consideration will be given to the appointment at certain major hospitals of a Transport Officer who would be jointly appointed by Local Health Authority and Hospital Authority and have status and authority to co-ordinate requests for transport within the individual hospitals in the area.

As will be seen from the statistics the Hospital Car Service transported over 159,000 patients involving over 1½ million miles and the Health Committee expressed its gratitude to all drivers for the excellent job done.

Towards the end of the year the Ambulance Service was the subject of a Work Study Report and certain suggestions arising out of this were under discussion at the end of the year. The Joint Consultative Committee met four times during the year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The numerous services under Section 28 were continued and in relation to **tuberculosis,** at the end of the year there were 5,363 cases on the Chest Clinic registers. This figure does not indicate the many cases suffering from other chest conditions who are now being seen by the Chest Physician. The death rate for pulmonary tuberculosis per 1,000 population was 0.028 compared with 0.044 in 1961. The death rate from non-pulmonary tuberculosis was 0.009 compared with 0.006 in 1961. The excellent work of the voluntary **Tuberculosis Care Committees** continued as did the County scheme for the provision of extra nourishment, beds and bedding.

B.C.G. Vaccination Scheme for Contacts and School Children.

The Chest Physician carried out vaccination in 1962 as follows:—

No. skin tested	1,292
No. found positive	247
No. found negative	1.011
No. vaccinated	755

A start was made on the re-building of the machine shop, timber store, etc., at **Mount Industries** and this will mean that the next year plans can be progressed for widening the scope of the disabled person to be admitted to the Industry. There was no variation in the **Rest Home Scheme** and it is obvious that this is appreciated from the many letters of thanks received from those participating.

Medical Comfort and Medical Loan Depots established by the Order of St. John Ambulance Brigade and the British Red Cross Society have done much to facilitate the care and recovery of patients at home and have endeavoured to keep up with the ever-increasing demand for sick room equipment. The British Red Cross Society, to whom the County Council make a grant, opened 16 new depots, including one main depot, during 1962 and many of the existing depots have been re-equipped to keep in line with the demands.

In addition to the facilities mentioned above **special equipment** (lifting hoists, sleyrides, etc.), continue to be issued through the department. This scheme offers help to the patient and relieves much strain to those caring for them. The special equipment issued is as follows. In relation to the lifting hoists and in the scheme generally, much help is received from the close relationship established with Dr. W. Russell-Grant, Director of Physical Medicine, Royal Hampshire County Hospital.

Special Equipment Supplied	*On loan at* 31.12.61	*On loan at* 31.12.62
Standard Lifting Hoists	33	49
Nursing Hoists	1	2
" Zimmer " Mobile Patient Lifter	4	4
Bath Hoists	8	14
" Sleyride " Electric Wheel-chairs	4	6
Ripple Beds	2	4
Enureses Alarms	26	39

In spite of the shortage of fully trained chiropodists, the development of the **Chiropody Scheme** through the British Red Cross Society, Hampshire Council of Social Service and its affiliated Local Old People's Welfare Committees, etc., continued. At the end of the year 118 clinics were in operation, an increase of eight. The number of sessions at clinics held during the year was 2,560, total attendances being 25,199 by over 5,700 patients.

Again during 1962, there was an increase in domiciliary treatment. In the care of the elderly, a good chiropody service is recognised as essential and I can only re-iterate my appreciation expressed in previous reports of the excellent work done by these voluntary associations. The grant to both from the County Council has been increased to meet the cost of continuing development.

Health Education is recognised as a most important part of the work of the department and field staff, and our future aims are detailed later in the Report. Over the next few years, it is hoped to strengthen the headquarters organisation so that the service offered will be more comprehensive.

The World Health Organisation defined Health Education as follows:—

To Make Health a Valued Community Asset.
To Equip People with Knowledge and Skill to Solve their own Health Problems.
To Develop the Public Health Services. *W.H.O.*, 1958.

The Health Education Section has tried to lay a foundation for the practice of these aims in a part of the department which has benefitted by contributions from many people over many years.

The structure of a Health Education Section proceeds by evolution until there is a mass of loosely related material. There it may rest, neatly labled, as our " Health Education Section," until there is either a special need to be met, when the forces are mustered, or until there is some need for assessment. Ideally it should be a living, efficient force prepared for continual use. Because Health Education is primarily a method of communication between people, with many technical and visual aids, but none more effective than the human personality, the aim of the first year's work was to establish good working relationships with the leaders of influential groups of people.

These were divided into those already employed by the Local Authority—Medical Officers, Teachers, Librarians, Public Health Staff, Administrative and Nursing Staff, and those working with Associations such as Youth Clubs, Red Cross Groups, Womens' Institutes, Rotary Clubs, Clubs for the older people, and in Industry. In all these situations the work of the Health Education Section was offered as a service; and some assessment of the local needs and facilities was made. This complements the circulation of the list of speakers on health subjects to 90 Voluntary Organisations, which has been sent out regularly and which is being increasingly used.

During this time it seemed important not to stimulate so much work and interest that it could not be covered by the department in the months while Miss P. J. Pitcairn-Jones, the Health Education Officer, was at London University taking the Diploma Course in Content and Method of Health Education. It also seemed reasonable to suppose, that after taking this Course there would be some change in attitude to the practice of Health Education due to a wider knowledge and understanding of the materials and methods used. This is proving to be so, and does indicate the necessity of specialist training, superimposed on a suitable professional background and interest. To be effective as a science—rather than a personal foible, Health Education must develop a technique of flexible discipline within bounds which are recognisable and adaptable to any society.

Although it is essential that the work should not be done by one person, the lack of a responsible officer to direct, channel and carry some of the work, has made extra duties for many members of the County Medical staff, and it seems some measure of the good relationships existing within the department that this has been readily undertaken.

Mothercraft Teaching.

Much Health Education is given throughout the County, in Mothers' and Parents' Clubs and in Child Welfare Clinics. During the past year materials have been made available for displays at Centres, and on occasions films have been shown to illustrate some phase during a course of instruction. The showing of films has been made greatly easier since the appointment of Mr. F. J. Cox in July, as Technical Assistant to the Department, and it is felt there are uses for films in promoting discussion. Films should be used as an aid but never as a substitute for teaching of an informal type.

The staff of one of the Children's Hospitals serving the County area, in collaboration with the Hospital Liaison Officer and the Health Education Officer, prepared a series of colour slides depicting the admission and treatment of a baby into the hospital. These attractive slides will be used to illustrate talks mainly in Child Welfare Clinics but also to Mothers' Clubs, Young Wives' Groups, etc.

Ante-Natal Health Education.

This is recognised as one of the most easily achieved fields of Health Education, and one of the most rewarding. Health Visitors and Midwives work together in a way which is becoming standardised, but which is always flexible to the area of work and the particular bent of the people doing the work.

The use of film to promote discussion and the attendance of fathers has doubled and will continue to increase.

There is yet much to be done here—but it is a field where nursing staff feel at home and are interested in developing their skills. General Practitioners with Health Visitor attachments have shown interest in what their patients are receiving and have an opportunity to form opinions on this.

Old People.

There is a big rôle for Health Education in the lives of old people—either to those who meet in groups or to reach those who are isolated. At present the main topic is Home Safety, but talks on Nutrition have been well received, and demonstrations of cheap nourishing foods are being demanded. Interest is felt in knowledge of the service available and talks to Youth Groups on how youth can help the aged, and discussion with Home Helps and Voluntary Workers could be developed.

Teaching and Entertaining.

Ideally Health Education falls equally under these headings—it should be enjoyed, but should educate. Many of the opportunities we have, are just as speakers. If the subject can be interestingly presented, the speaker is often asked again—as a person with free choice of subject; this can be a real opportunity to teach or discuss what we want to get across. These invitations, unless for a special person, are always sent to the most appropriate local person. As the work increases, there will be a need to give more classes in Teaching and Discussion techniques and develop those skills throughout the County, so that this work may be done with confidence and enjoyment using the Health Education Section for reference and for choice of new materials.

Child Welfare Clinics.

Some successful attempts have been made in well staffed Clinics to hold small group discussions round a topic such as a short film-strip, or discussion of a poster. This is something which can be developed, though many Health Visitors still prefer to give individual advice to each mother. It would seem that sometimes weighing can be done by voluntary helpers, reserving the trained worker for her proper rôle of teacher. The teaching in these clinics is mostly to mothers of small babies. Yearly invitations to pre-school children to see the doctor, may result in a group of mothers with different questions on behaviour problems, on home safety and road or garden safety and preparation for school. Mothers can give great help to one another in voicing their worries or in their solutions of personal but universal problems. Often the problem may only exist because, in isolation it is seen as a peculiarity of one child—to find that every other mother has either overcome your own problem—or is sharing it, is a comforting experience.

Smoking and Health.

The Report of the Royal College of Physicians was the subject of a report to the County Health Committee which expressed itself in support of general propaganda against smoking.

The talks have been given mostly to women's groups, promoting some discussion and exchange of experience. There seems to be some reluctance based on fear in the choice of cancer as a permissive subject for discussion. Simply for a healthy looking woman to stand up and say, " Ten years ago I

had cancer" is a telling experience in a local society and encourages the early seeking of medical advice. In any general talk on Health Education the subject is mentioned and arises in questions with audience participation.

Arrangements are now in hand for posters and leaflets to be offered via the Executive Council to all general practitioners in the County for display in their waiting rooms.

The County Health Committee has agreed to support and finance the use of the Central Council for Health Education's mobile units in those parts of the County (the great majority) where the District Medical Officers of Health are willing to use them. Discussions have recently taken place between the Central Council and the Medical Officers of Health concerned to plan the use of such a unit.

In the secondary schools the Medical Lecturer in Health Education includes reference to this subject in the talk to leavers which he gives in all such schools.

School Medical Officers are encouraged to interest the Head Teachers of secondary schools in the display of films preceded by a talk by the School Medical Officer and followed by general discussion on this subject, and this is happening in an increasing number of schools.

The County Education Committee has approved the offer of anti-smoking publicity material (posters) to Head Teachers in secondary schools only. The uptake is probably very small. However, it would seem that efforts should be concentrated upon school children and every possible step will be taken to bring to their notice the danger to full health.

Accident Prevention.

The Health Education Officer has continued to serve on the Winchester Home Safety Committee which has undertaken talks and display stands at exhibitions. Help has been given with display work and with sources of new material.

Speakers have been supplied on the subject of Home Safety to many groups. This is one of the subjects from the list of speakers that is most frequently asked for, and has been given to old people, Red Cross Groups, Mothers' Unions, and Women's Institutes.

Clean Food.

This is another popular subject which can be tackled in a statutory or legal way or in a domestic way and which can be developed to suit the audiences. It is a subject with no emotional overtones and people seem to enjoy this as a piece of information in which they feel able to give constructive criticism and perhaps see their own faults in other people.

Display Work.

Many ideas, some achieved. Again, time in which to make good material, of a standard comparable to commercial projects, is the factor to be overcome. Time and good storage—the field is open to use when we can produce the materials.

In-Service Training.

This is something which can be carried out at local and central level.

Small groups of Health Visitors and Nurses have met at centres with their Area Nursing Officer and the Health Education Officer, and discussed problems of the local application of Health Education needs, premises and special emphasis. These discussions have been very informal, new materials have been shown and delivered and orders taken.

Formal Training and Education of a refresher type is developing, and will be more in demand as the Health Education work grows. The education given to the public can only be as good and up-to-date as the basic education of the Health Teachers. If we want fresh good work, we must equip our staff to do the job.

Higher standards are developing every year, the man in the street reads, watches television, talks about his illness to his friends at work or in the local. Re-education is the rôle here—of teaching how to enjoy better health and well-being, in an environment which can to-day be controlled by people who understand some of the fundamental principles of good health.

The public have some knowledge about science, but biological knowledge is less, and if available would affect housing, nutrition, and minimise chronic ill-health.

To conclude—1962 has been a year of development—along an established pattern—with a good working foundation of equipment and administration, and increasing interest in the subject of Health Education.

In 1963-64, with a full staff, we look forward to increasing our range and consolidating our developing service.

The Mental Health Service.

The general objective of the Mental Health Service is to build up an integrated organisation which will include:—

(i) Full services for the mentally ill who are not in hospital.
(ii) Full services for the mentally subnormal and severely subnormal not in hospital.
(iii) Effective preventive measures.
(iv) Harmonious public relations.

This year the plans for the development were steadily put into practice and in the following sections I mention the main points.

Community Care.

The central figure in the Council's community care service is the Mental Welfare Officer who works closely with general practitioners, hospital specialists and representatives of all the social services. His aim is to support the patient and his family through the difficulties which arise as a result of mental illness and subnormality.

It is important, therefore, that the Mental Welfare Officers gain the confidence of the general practitioners and psychiatrists; and the progress towards this is shown in the following table:—

	No. of patients referred excluding those referred for admission only	
	1961*	1962
By: Hospital and Out-Patient Departments ...	460	521
General Practitioners	523	817
Other sources	333	541
Total ...	1,316	1,879

* The 1961 figures have been adjusted to make them comparable because, in fact, the service was available only from April. 1961.

This is encouraging: however, there are many patients treated by general practitioners without specialist assistance with whom the Mental Welfare Officer could help the doctor; also our service is used to a far greater extent by Park Prewett Hospital by whom the Mental Welfare Officers are now considered to be part of the "psychiatric team," than by other hospitals serving the County. There is, therefore, no room for complacency and a great deal of work has to be done before the Mental Welfare Officer fulfils his role throughout Hampshire.

The number of patients being visited at the end of 1962 was 2,457 (1,101 mentally ill and 1,447 subnormal).

Training of Mental Welfare Officers is a continuous process; formally by lecture and group discussion, informally by contact about individual patients with psychiatrists, doctors, and the Chief and Area Mental Welfare Officers. Regular lecture and discussion sessions were held by Dr. McDowall, Principal Medical Officer for Mental Health for all field staff.

The organisation of the field staff was reviewed after a year's working but it was not found to require alteration except to see that the Area Mental Welfare Officers' case loads were, in the future, reduced below that of the Mental Welfare Officers to allow them time to develop Community Care in their areas. It was agreed that the case load to be achieved in the next few years for an Area Mental Welfare Officer was 20,000 population, and for a Mental Welfare Officer—30,000.

The present organisation of field staff outside the two delegatee authorities of Gosport M.B. and Havant and Waterloo U.D. is for the County to be divided into five areas each with an Area Mental Welfare Officer in charge; each area has a number of Mental Welfare Officers according to its population and they are responsible to the Area Officer but, of course, are expected to handle case work on their own under the direction of the general practitioner or psychiatrist in charge.

Voluntary Branch.

The field staff now have 31 volunteers to call upon to help with visiting and providing extra amenities for patients. Their services have been of the greatest value.

Two more clubs were established bringing the total to five. The new clubs were attached to H.T.I. Fareham Branch, and Totton Training Centre, both of which were primarily for subnormal patients. A third new club formed in Fareham mainly for patients in Knowle Hospital did not thrive, and modified proposals for club activity in this district are under consideration.

Residential Accommodation.

It is, of course, the aim to help patients to live at home as long as possible but at some stage, unfortunately, it is necessary to find other accommodation. Also hospitals would be able to discharge patients earlier if there was somewhere suitable for them to live under supervision when it is not possible for them to return to their homes for one reason or another.

The first of the County Council's hostels was opened in the autumn—a 40-place residential hostel for subnormal women which replaced a smaller 22-bed hostel. It is expected that a children's short-stay hostel at Basingstoke and a hostel for subnormal men will open in 1963. This provision will not, however, be sufficient: there is a considerable number of patients whom the Physician Superintendents consider should be discharged from hospital; there are patients being admitted to hospital who should go to a hostel, and there are privately-run Residential Homes where Hampshire patients are living which may be closing within a year or two.

Earlier I mentioned harmonious public relations as one of the objectives of the Mental Health Service and this can only come by explaining the aims and objects of the service to the general public. It will take time but in the meantime difficulties do arise, for instance, in connection with the proposal to establish a hostel, there was a certain amount of local opposition. As a result a public meeting was held at which members of the County Council explained the scheme to many parents of school children and others in the neighbourhood who were worried about it. Although not all grounds for opposition were overcome, the fears of the local people were dispersed and the meeting showed how important it was to give people full and accurate facts about such schemes as early as possible to stop ill-informed rumours spreading.

At the beginning of the year the hospital waiting list was 101; at the end 43, of whom 23 were already in some kind of residential accommodation. This very considerable reduction was brought about by a complete review of each patient on the list: some were thought more suitable for hostels some were deleted because their admission was not needed now but at some time in the future and this gave no reliable indication of future demand or of when it was likely to occur, and some it was felt no longer required a hospital bed.

It was felt that one person should be responsible for visiting, supervising and advising both the County and privately-run hostels in addition to visits by Medical Officers and as a great deal of the developments within these hostels was to be in the field of training either there or at a Training Centre, it was decided to extend the duties of the Organiser of Training Centres to include Hostels and to appoint an Assistant Organiser to help.

Training Centres.

The results of the expanded building programme began to be seen during the year when three new purpose-built Centres were brought into use. Junior Centres (at present to be used for all ages) at Alton and Aldershot, and an Adult Centre at Fareham. The Alton and Fareham Centres were additional but that at Aldershot replaced the existing " North-East Hants Centre " building.

The total number on the register at the end of 1962 was 489 compared with 413 at 31st December, 1961.

The building programme has, in fact, fallen behind schedule mainly because of difficulty in finding sites; and some projects have been brought forward in the time-table because sites were available whereas projects with a higher priority had no site. The first building to be erected in the SCOLA system will be at Eastleigh during 1963 but it is interesting to mention how well suited a " Terrapin " classroom has been found to deal with overcrowding at a Junior Centre until an Adult Centre was opened to take the over-sixteen-year-old trainees.

Industrial training had already been introduced in several of the all-age Centres for trainees aged 16 years and over so when the Fareham Adult Centre opened in February it was started as an industrial unit from the beginning. This does not mean, however, that social training has been neglected nor the teaching of reading, writing, money values, etc., which, in fact, occupies one member of the staff full time. One, perhaps, surprising fact discovered during the year was that trainees could be athletes: at a few days' notice, trainees from the Youth Club attached to Fareham Centre were invited to take part in the local Youth Club Sports and obtained two 3rd, three 4th, two 5th and three 6th places in the various events—an excellent performance.

The adult centres in the County are to be called " Hampshire Training Industries (H.T.I.) Branch " in recognition of their industrial nature and they are open throughout the year having staggered holidays for staff and trainees. One of the problems which is being studied carefully is that of payments to trainees: the County Council decided that all sums received for work done should be paid to the trainees and the method of distribution has been the subject of experiment. At the beginning the distribution was on a " piece-work " basis but it was found that some severely subnormal trainees received little or nothing, so a system which brings in such factors as attendance, time-keeping, behaviour, effort, accomplishments in reading, writing, etc., as well as output is being tested. Co-ordination of the contracts for industrial work to be carried out in the H.T.I. (there will be nine Branches ultimately) will be an important part of the Organiser's work with the help of her Assistant and this will extend to co-operation with industries provided in hospital.

The Hospital Car Service has for some years borne the majority of the work of taking trainees to the Centre and I would like to express my appreciation of the work they have done. However, at the request of the Hospital Car Service, I had reluctantly to make alterantive arrangements during 1962 and by the end of the year most of the work had been taken over by vehicles under contract. The trainees at H.T.I. Branches are encouraged to travel by public transport as part of their training but it is recognised that in certain instances and where public transport is inconvenient transport has to be provided by the County Council.

The training of staff for work in adult and junior centres is of the utmost importance and the Report of the Scott Committee was carefully considered. The Council already sponsor four candidates each year to attend the National Association for Mental Health Diploma Course and it is expected that two or three young candidates with a substantial number of " O " Level G.C.E. passes will be put forward for the two-year Course. The Supernumerary Trainee Supervisor scheme has proved very successful in recruiting school leavers: under this scheme young women between 16—18 years are recruited and given practical training and some theoretical knowledge over a period of one to three years during which time it can be seen whether they are suited to the work and if they want to make it their career. No trainee is allowed to continue after the age of 20 years by which time they are expected to have been accepted for the National Association for Mental Health Diploma Course. Only girls who are likely to be so accepted are recruited. The lack of any suitable textbook for these trainees has led to work being started on the preparation of one which it is hoped will be available towards the end of 1963.

During the year it has been decided that the ratio of supervisory staff (excluding helpers and domestics) to trainees should be one: 10 in Junior Centres and one: 15 in Adult Centres, the Manager at the latter being excluded.

Finally no report on the Training Centres would be complete without mention of the excellent work of the " Hampshire Occupation Centres Holiday Organisation " and Mrs. F. Hook, the Organiser, who provides a fortnight's seaside holiday at a low cost for all trainees whose parents wish them to go. The Centre staffs go with the trainees on the holiday and voluntarily work long hours without which the holidays could not be the success they undoubtedly are. H.O.C.H.O. has, however, to rely on the good offices of hoteliers to provide accommodation out-of-season and this greatly increases the difficulties of organisation as well as making it impossible to arrange holidays during June, July, August and early September. An Appeal has, therefore, been launched to enable the Organisation to provide their own holiday centre.

HOME HELP SERVICE.

During the year 4,262 cases were helped—an increase of 191. Mostly in the following districts:—

Havant and Waterloo U.D. (+90)
Fareham U.D. (+42)
Winchester R.D. (+20)
Eastleigh M.B. (+48)
Basingstoke M.B. (+25)
Andover M.B. (+17)
Gosport M.B. (+11)

The greater part of this increase was due to more help being required for the aged, but there were more maternity cases helped in:—

Havant and Waterloo U.D. (+49)
Andover M.B. (+7)
Eastleigh M.B. (+11)
Basingstoke M.B. (+9)

The 2,321 new cases assisted (20 more than in 1962) represent:—

Maternity	28.5%
Chronic/Aged	45.1%
Tuberculosis	.2%
Emergency, Post Hospital, Child Care, etc.	26.2%

In several districts fewer cases have been helped:—

Basingstoke R.D. (−21)
Winchester City (−15)
Farnborough U.D. (−17)
Droxford R.D. (−12)
Lymington M.B. (−10)

In Lymington the recruitment of Home Helps is still very difficult, the Organiser has to explore all channels of alternative help and lack of help is widely known among the doctors, almoners and social workers, who are very co-operative in recommending only urgent and necessitous cases. The same difficulties are prevalent in part of the Fleet and Hartley Wintney district. It is hoped that the recruitment situation will improve with the employment of a few home helps in these two areas on a guaranteed weekly basis, so that it will be possible to provide sufficient help in all cases.

The weekly case load has again risen, which is to be expected with the higher proportion of elderly and chronic sick persons requiring help. With the exception of Divisions I and V the decrease in the average weekly hours per case, referred to in my last report, has continued, the County average for the year being 6.8. Although more cases were helped 39,599 less hours were used.

The number of Home Helps on the register at 31st December, 1962, was 818, whole time equivalent 378.

The following re-organisation took place:—

Division V	Christchurch M.B.
	Lymington M.B.
	Ringwood and Fordingbridge R.D.
Division XI	New Forest R.D.
Division IV	Eastleigh M.B.
	Winchester R.D. (Southern Parishes)
	Romsey M.B. and Romsey and Stockbridge R.D.
Division VIII	Winchester City
	Winchester R.D. (Northern Parishes)

The Assistant Organiser for the New Forest Rural District was promoted to Divisional Organiser.

In Division IV Winchester Rural District with the exception of the seven parishes south of and including Fair Oak was transferred to Division VIII (Winchester City) and a whole time Divisional Organiser appointed instead of a part time Divisional Organiser.

During the year 26,977 visits were paid by the Organisers and their Clerical Assistants.

The total cost of wages, travelling, insurance, etc., for the helpers for the financial year ended 31st March, 1963, was £167,075 which was 95% of the revised estimate. Contributions amounted to £40,891. The net expenditure was 93% of the revised estimate.

OTHER ENACTMENTS.

Prevalence and Control Over Infectious Disease.

The following table summarises the corrected quarterly returns of notifications received during the year and compares the incidence in 1962 in Urban and Rural Districts with that in 1961:—

	Rural Districts		*Urban Districts*		*Total Notifications*		*Number per* 100,000	
	1962	1961	1962	1961	1962	1961	1962	1961
Scarlet Fever	37	39	70	66	107	105	13.3	13.5
Diphtheria	—	—	—	—	—	—	—	—
Enteric and Paratyphoid ...	1	1	2	1	3	2	0.4	0.3
Pneumonia	21	32	43	77	64	109	8.0	14.1
Puerperal Pyrexia ...	25	14	61	49	86	63	10.7	8.0
Meningococcal Infection ...	2	—	7	5	9	5	1.1	0.6
Acute Poliomyelitis ...	—	1	1	—	1	1	0.1	0.1
Acute Encephalitis ...	—	—	1	1	1	1	0.1	0.1
Dysentery	33	32	51	120	84	152	10.4	19.6
Ophthalmia Neonatorum ...	1	2	—	5	1	7	0.1	0.9
Erysipelas	9	13	16	16	25	29	3.1	3.7
Pulmonary Tuberculosis ...	74	116	118	109	192	225	23.9	29.0
Other Tuberculosis ...	20	13	10	8	30	21	3.7	2.7
Malaria	15	2	1	1	16	3	2.0	0.4
Measles	362	4,824	934	9,614	1,296	14,438	161.6	1862.6
Whooping Cough ...	60	140	22	192	82	332	10.2	42.6
Food Poisoning	12	22	49	130	61	152	7.6	19.6

The control over infectious diseases is largely in the hands of the Medical Officers of Health of the County District Councils with whom there is excellent contact.

Venereal Diseases.

In my Report for 1960 I expressed my concern at the increase in **venereal diseases,** and particularly the increase in the 18—19 year age group. In commenting upon the 1962 figures, Dr. Warren, Director of the V.D. Services for the area says:—

" There has been a fall in the numbers of new patients attending with Gonorrhoea and for the clinics in the Wessex Region there has been a slight overall fall as well, but when the clinics staffed by us outside Wessex are taken into account there has been a slight overall rise. Although the decrease in Gonorrhoea is satisfactory, it is slight and does not justify any relaxation in the energetic efforts to trace contacts and defaulters from treatment.

I have been very disturbed to note a number of cases of gonococcal ophthalmia. In one major centre swabs are examined for gonococci on all admissions of ante-natal patients to maternity beds. The possibility of gonococcal infection should not be over-looked in any persistent ante-natal discharge. The teenage figures are given for comparison with 1960 and 1961.

	1960		1961		1962	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Gonorrhoea in 15-19 age group	46	60	54	82	51	72

My comment is that they are still disturbingly high. Early Syphilis still appears at intervals throughout the area, and it is encouraging to find cases referred by doctors for investigation. Nearly half the cases of early Syphilis occurring in Britain to-day are among homosexuals, and a number of such cases have been detected in Wessex. They usually reach our Department when the secondary stage, with its accompanying rashes, lead the patient to seek medical advice.

The social services have been augmented by the appointment of a Health Visitor to the Salisbury Clinic, which will no doubt be a benefit to Hampshire by the important tracing of sources of infection. There is evidence that either singly or in small groups young women are travelling round the country, settling in a locality and eking out an existence by prostitution, and providing transient sources of infection which often prove difficult to trace. Contact tracing on a national scale though already practised, could be improved. This once again emphasises the importance of the Social Worker in the Special Treatment Centres."

Statistics relating to Venereal Diseases in the Area served by the Wessex Clinics.

Clinic	*New Patients*				*Attendances*			
	1959	1960	1961	1962	1959	1960	1961	1962
Southampton	1,756	1,701	1,916	1,894	7,778	7,362	7,569	8,407
Portsmouth	588	714	871	871	3,603	4,200	4,591	4,404
Winchester ...	175	153	163	139	474	401	444	425
Bournemouth	245	308	332	331	1,290	1,454	1,509	1,326
Poole	84	94	134	126	565	661	695	676
Weymouth	70	74	84	70	614	604	428	332
West Dorset	24	16	16	24	99	152	124	120
Isle of Wight	26	73	80	73	166	473	376	350
Salisbury	52	64	71	84	145	105	124	310
TOTAL ...	3,020	3,197	3,667	3,612	14,734	15,412	15,960	16,350
Aldershot	97	175	235	259	602	811	1,038	1,082
Chichester	43	64	57	67	310	320	318	291
Guildford	121	161	255	320	798	864	1,461	1,463
TOTAL ...	261	400	547	646	1,710	1,995	2,817	2,836
GRAND TOTAL	3,281	3,597	4,214	4,258	16,444	17,407	18,777	19,186

NURSING HOMES.

Number open at end of year		*Beds*			*Closed*	*Opened*
		Total	*Maternity*	*Others*		
1960	36	561	24	537	4	2
1961	39	612	30	582	1	4
1962	37	566	15	551	3	1

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

	Number of Nurseries Registered at end of year		*Number of Children provided for*	
	1961	1962	1961	1962
At Minders' Homes ...	42	73	457	734
At Other Premises ...	19	32	393	738
Total ...	61	105	850	1,472

BLIND PERSONS.

During 1962 71 males and 140 females were certified as blind—a total of 211 against 184 in 1961 and 176 in 1960. Of these 13 males and 12 females were under 60 years of age (i.e., born in 1903 or later) when certified, which were 11.8% of the total notifications. The year of birth and cause of blindness in these cases were as follows:—

Male	*Female*
1903 Cataract	1903 Intersinal Keratitis
1903 Corneal Opacity/Secondary Glaucoma	1903 Diabetic Retinopathy
1904 Myopia	1907 Optic Atrophy/Diabetic Retinopathy
1904 Glaucoma	1911 Myopia
1905 Glaucoma	1911 Diabetic Retinitis
1907 Cataracts	1911 Bilateral Lens Opacities
1911 Chorioda Tear at Macular/Complete Retinal Detachment	1920 Massive Chorioditis
1911 Myopia	1913 Primary Retinal Degeneration
1912 Cataracts	1924 Detached Retina
1913 Optic Atrophy	1924 Optic Atrophy
1925 Pigmentary Retinal Degeneration	1954 Batten Mayou's Disease
1932 Endophloamites	1958 Damage to Occipital Visual Cortex
1937 Retinal Degeneration	

The follow-up of persons registered as blind is carried out by the Hampshire Association for the Care of the Blind. The following shows the numbers of persons registered during 1962, the treatment recommended, if any, and the treatment received up to the time this Report was prepared:—

1	Cause of Disability													
	2 *Cataract*		3 *Cataract associated with other causes*		4 *Glaucoma*		5 *Glaucoma associated with other causes**		6 *Diabetes*		7 *Other*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
1. Number of cases registered	10	31	7	8	11	8	4	4	3	4	36	85
2. Number requiring no treatment ...	7	11	2	5	5	1	2	2	1	2	20	54
3. Number requiring treatment (Medical, Surgical or Optical)	2	13	1	1	2	—	—	1	—	—	4	5
4. Number who had received, or were having treatment at time of follow-up	1	7	4	2	4	7	2	1	2	2	12	26

* Excluding cataracts which are included in column 3.

N.B.—Of those recommended treatment who have not received it:—

2 Refused operation
3 Died
21 Waiting for treatment

LOCAL HEALTH AUTHORITY SERVICES

Statistics for 1962

Ante-Natal Clinics and Relaxation Classes

Child Welfare Centres

Day Nurseries

Priority Dental Services

Care of Premature Babies

National Welfare Foods

Work of Health Visitors

Nursing and Midwifery Service

Nursing Staff

Vaccination and Immunisation

Ambulance and Hospital Car Service

Tuberculosis Services

Home Help Service

Notification of Infectious Diseases

Deaths, 1962

LOCAL HEALTH AUTHORITY SERVICES

Statistics for 1962

ANTE-NATAL CLINICS AND RELAXATION CLASSES.

Year	Ante-Natal Clinics					Relaxation Classes	
	Number of Clinics		Number of Women who Attended	Total Number of Attendances		Number of Classes	Total Number of Mothers Attending
	Attended by G.P.'s	Attended by Midwives only		Doctors' Sessions	Midwives' Sessions		
1961	12	7	2,946	6,453	4,779	26	1,370
1962	11	7	2,551	4,776	4,407	33	1,787

CHILD WELFARE CENTRES.

Year	L.H.A. Centres					At G.P.'s Surgery with H.C.C. H.V. Attending	
	Number of Centres	Average Sessions per Month	Number of Children who Attended	Total Attendances	% of Children Born During Year who Attended	Number of Centres	Average Sessions per Month
1961	181	486	26,025	195,324	68%	9	36
1962	184	498	25,868	201,940	66%	16	67

DAY NURSERIES.

Year	Number of Nurseries	Number of Approved Places		Number of Children on the Register on End of Year		Average Daily Attendances During the Year	
		Under 2	2—5	Under 2	2—5	Under 2	2—5
1961	2	27	73	22	76	20	64
1962	2	27	73	18	82	16	67

PRIORITY DENTAL SERVICES.

A. Numbers Provided with Dental Care.

	Examined	Needing Treatment	Number Treated	Made Dentally Fit
Expectant and Nursing Mothers	215 (301)	199 (293)	192 (287)	179 (272)
Children under five	3,030 (3,166)	1,844 (1,921)	1,731 (1,736)	1,408 (1,544)

B. Forms of Treatment Provided.

	Expectant and Nursing Mothers	Children Under 5
Extractions	263 (434)	1,134 (1,112)
Anaesthetic (General)	47 (80)	583 (540)
Fillings	211 (341)	1,946 (1,954)
Scalings or Scaling and Gum Treatment	82 (113)	58 (41)
Silver Nitrate Treatment	10 (13)	1,450 (1,328)
Radiographs	6 (3)	— (—)
Dentures provided:—		
Full upper or full lower	23 (44)	— (—)
Partial upper or partial lower	34 (87)	— (1)

C. Number of Sessions devoted to Maternity and Child Welfare Dental Inspections and Treatment: 558 (604).

CARE OF PREMATURE BABIES.

The special arrangements continue for recording the survival rates of babies born prematurely, that is babies with a birth weight of 5 lbs. 8 ozs. or less. The following table sets out the figures for 1962. Comparative figures for 1961 are shown in brackets.

Weight	*Number Born Alive*	*Number Born Alive who:—*		*Percentage Surviving the Neo-Natal Period*
		Died in First 24 Hours	*Survived 28 Days*	
3 lbs. 4 ozs. or less (1,500 gms. or less)	96 (97)	47 (43)	35 (38)	36 (39.2)
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (1,501 gms.—2,000 gms.)	150 (141)	14 (22)	125 (111)	83 (78.2)
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,001 gms.—2,250 gms.)	186 (188)	3 (11)	178 (172)	96 (91.6)
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. (2,251 gms.—2,500 gms.)	435 (408)	10 (10)	412 (386)	95 (95.5)
TOTALS ...	867 (834)	74 (86)	750 (707)	87 (84.8)

With 15,517 live births in 1962, the above figures show that 5.59% of the births were premature. This compares with 5.64% for 1961.

DISTRIBUTION OF NATIONAL WELFARE FOODS.

	1961	1962
Distribution Centres		
Child Welfare Centres	140	142
W.V.S. Centres, Shops, etc.	161	170
	301	312
Issues		
National Dried Milk (tins)	148,564	146,596
Cod Liver Oil (bottles)	33,034	16,961
Vitamin A and D Tables (packets) ...	34,458	21,892
Orange Juice (bottles)	273,463	174,067

WORK OF HEALTH VISITORS.

Year	*No. of Children Under 5 Visited*	*Total Visits to Children Aged:—*			*Total Visits to Expectant Mothers*	*Total Visits to Tuberculous Households*	*Number of Families or Households Visited*
		Under 1	*1—2*	*2—5*			
1961	51,467	73,290	39,201	54,515	2,888	4,480	38,645
1962	48,357	78,276	37,335	54,632	2,718	4,090	34,413

WORK OF DISTRICT MIDWIVES.

Year	*Deliveries Attended*			*Analgesia Administered*		*Number of Cases in which Medical Aid Called*
	Doctor Present	*Doctor Not Present*	*Total*	*Gas/Air*	*Trilene*	
1961	593	4,186	4,779	3,843	302	1,595
1962	728	3,851	4,579	3,710	416	1,347

WORK OF DISTRICT NURSES.

Table 1.

	Cases		*Visits*	
	1961	1962	1961	1962
Medical	11,065	10,780	230,823	227,289
Surgical	3,138	2,924	50,966	48,097
Infectious Diseases	43	16	295	103
Tuberculosis	132	83	5,026	3,546
Maternal Complications ...	94	75	491	415
Others	79	182	351	710
TOTAL ...	14,551	14,060	287,952	280,160

WORK OF DISTRICT NURSES.

Table 2.

Classification of cases visited in 1962 according to age and duration of illness.
Patients who were:—

	Cases	%	*Visits*	%
(a) 65 or over	8,039	57	199,179	71
(b) Children under 5 ...	600	4	3,154	1
(c) All ages who had more than 24 visits in the year	2,750	20	193,392	69

Nursing, Midwifery and Health Visiting Service

Staff Employed as at 31st December, 1962

	Whole-time	*Part-time*	*Whole-time Equivalent of Part-time Staff*
Health Visitor/School Nurses	99	1	0.64
District Nurse/Midwives/Health Visitors ...	17	—	—
District Midwives	34	2	1.31
District Nurse/Midwives	101	6	2.68
District Nurses	34	8	4.97
Clinic Nurses	—	3	0.98
	285	20	10.58

Administrative Staff.

County Nursing Officer	1
Deputy County Nursing Officer ...	1
Area Nursing Officers	3
Hospital Liaison Officer	1

VACCINATION AND IMMUNISATION (Section 26).

Smallpox Vaccination.

Year	Vaccination						Re-Vaccination				Grand Total
	Under 1 Year	1 Year	2—4 Years	5—14 Years	15+	Total	2—4 Years	5—14 Years	15+	Total	
1961	8,298	1,259	630	556	774	11,517	443	1,007	2,952	4,402	15,919
1962	9,118	2,855	3,212	11,634	16,110	42,929	2,670	18,685	45,865	67,220	110,149

Whooping Cough.

Year	Number of children who completed full course of Primary Immunisation			Number of Secondary or Booster Injections given
	Under 5 Years	5—15 Years	Total	
1961	13,663	1,487	15,150*	9,636*
1962	12,217	482	12,699†	6,426†

* Only 40 primary and 34 boosters were given by single whooping cough vaccine.
† Only 2 primary and 3 boosters were given by single whooping cough vaccine.

Diphtheria Immunisation.

Year	Number of children who completed full course of Primary Immunisation			Number of Secondary or Booster Injections given
	Under 5 Years	5—15 Years	Total	
1961	13,870	2,345	16,215 (272) (a) (14,838) (b) (402) (c)	16,123 (2,278) (a) (7,324) (b) (2,145) (c)
1962	12,432	1,070	13,502 (126) (a) (12,571) (b) (365) (c)	13,235 (552) (a) (5,871) (b) (3,212) (c)

(a) Combined Diphtheria/Pertussis immunisation.
(b) Triple immunisation—Diphtheria/Pertussis/Tetanus.
(c) Combined Diphtheria/Tetanus immunisation.

Poliomyelitis Vaccination.

	During 1962	Total to 31.12.62	Estimated Acceptance Rate
Group A Children born 1962	1,179	1,179	8%
Group B Young persons born 1943-1961	10,609	192,346	89%
Group C Adults born 1933-1942	1,579	72,883	72%
Group D Adults born before 1933 but not yet 40 years and others (Specials—at risk)	3,334	41,173	—
Reinforcing Doses Third (all groups)	28,857	280,068	—
Fourth (school children under 12 years) ...	9,407	56,514	—

AMBULANCE SERVICE.

Year	Ambulance Service		Hospital Car Service		Totals		Rail Transport	
	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients
1961	1,203,648	152,015	1,517,365	159,539	2,721,013	311,554	75,788	1,061
1962	1,251,658	155,767	1,543,242	159,924	2,794,900	315,691	74,958	1,087

Classification of patients carried by Ambulance Service vehicles.

Year	*Road Accidents*	*Other Accidents*	*Sudden Illness*	*Maternity*	*Mental*	*Infectious*	*Other Cases*
1961	3,205	2,151	5,000	2,854	478	362	137,965
1962	3,073	2,202	4,999	3,186	632	252	141,423

TUBERCULOSIS—STATISTICS.

The death rate from pulmonary tuberculosis per 1,000 population was 0.028 compared with 0.044 in 1961. The death rate from non-pulmonary tuberculosis was 0.009 compared with 0.006 in 1961.

The total deaths from tuberculosis (pulmonary 23 and non-pulmonary seven) are distributed as follows:—

	Urban				*Rural*				*Total*			
	Pulmonary		*Non-Pulmonary*		*Pulmonary*		*Non-Pulmonary*		*Pulmonary*		*Non-Pulmonary*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
1962	8	6	2	3	8	1	1	1	16	7	3	4

Deaths from Pulmonary Tuberculosis.

Year	*Population*		*Number*		*Rate per 100,000 population*	
	U.D.	R.D.	U.D.	R.D.	U.D.	R.D.
1960	459,310	305,820	24	13	5.2	4.2
1961	466,380	308,780	19	15	4.1	4.8
1962	481,310	320,430	14	9	2.9	2.8

Notifications.

Year	*Pulmonary*		*Non-Pulmonary*		*Total*
	Male	*Female*	*Male*	*Female*	
1962	127	65	10	20	222

Incidence per 100,000 population: 1962—Pulmonary 23.9; Non-pulmonary 3.7.
1961—Pulmonary 30.4; Non-pulmonary 3.1.
1960—Pulmonary 40.3; Non-pulmonary 3.2.

Chest Clinic returns for Hampshire including Gosport and Havant:—

1. Number of cases of tuberculosis whether notified or not on the Register as being under treatment or supervision at 31st December, 1962:—

Respiratory				*Non-Respiratory*			
Men	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*
2,794	1,952	189	4,935	161	208	59	428

2. Number of cases (whether notified or not) added to the Register during the year ended 31st December who had radiological evidence of respiratory tuberculosis:—

	Not Bacteriologically Confirmed				*Bacteriologically Confirmed*			
	Men	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*
Group I	149	110	16	275	51	36	—	87
Group II	23	16	2	41	85	52	—	137
Group III	—	3	—	3	19	12	—	31

3. Number of cases of non-respiratory tuberculosis whether notified or not added to the Clinic Register.

Men	*Women*	*Children*	*Total*
8	25	6	39

4. Number of cases included in 1 whose broncho-pulmonary secretion was positive during the year—161.

Number of new cases of tuberculosis (excluding transfers and " lost sight of " cases returned) added to the Clinic Register during the year 1962:—

Respiratory.

	Not Bacteriologically Confirmed				*Bacteriologically Confirmed*			
	Men	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*
Group I	58	36	7	101	16	5	—	21
Group II	9	4	—	13	26	6	—	31
Group III	1	1	—	2	5	5	—	10

Non-Respiratory.

Men	*Women*	*Children*	*Total*
5	9	1	15

Number of new cases suffering from non-pulmonary tuberculosis or heart conditions who came under treatment on investigation during the year:—

Men	*Women*	*Children*	*Total*
705	454	125	1,284

HOME HELP SERVICE—CASES ASSISTED 1962

Divisions	Short-Term				Special	Long-Term			Total 1962	Total 1961
	Maternity	General Sick	Post Hospital	Child Care		Chronic Sick	Aged Sick/ Infirm	Tuberculosis		
I Aldershot M.B. Farnborough U.D.	66	52	45	17	—	33	241	2	456	464
II Fareham U.D.	74	27	15	5	—	32	261	1	415	373
IV Eastleigh M.B. Winchester R.D. (part of) Romsey M.B. Romsey and Stockbridge R.D.	66	29	28	6	—	87	231	—	447	414
V Christchurch M.B. Lymington M.B. Ringwood and Fordingbridge R.D.	44	14	47	7	1	24	1* 259	3	1* 399	400
VI Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	40	20	18	—	2	8	190	4	282	289
VII Basingstoke M.B. and R.D. Fleet U.D. Hartley Wintney R.D.	104	40	30	6	4	52	247	3	486	491
VIII Winchester City Winchester R.D. (part of)	58	30	4† 21	1† 2	1	8† 10	16† 200	2	29† 324	301
X Andover M.B. and R.D. Kingsclere and Whitchurch R.D.	37	13	—	4	—	15	141	—	210	204
XI New Forest R.D.	37	15	27	4	3	20	134	2	242	235
Sub-Total	526	240	231	51	11	281	1,904	17	3,261	3,171
		522				2,185				
III Gosport M.B.	68	63				407		8	546	535
IX Havant and Waterloo U.D.	87	72				292		4	455	365
Total 1962	681	657			11	2,884		29	4,262	4,071
Total 1961	653	645			10	2,733		30	4,071	

* Case transferred to Division VIII (Winchester City) and included in their total figures.

† Cases transferred to Division VIII from Division IV (Winchester Rural), on re-organisation and included in Division IV's total figures.

NOTIFICATIONS OF INFECTIOUS DISEASE, 1962

BOROUGH AND URBAN DISTRICTS

District	Estimated Population for mid-1962	Cases of Infectious Disease Notified During the Year 1962																									TOTAL CASES
		Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Polio-myelitis		Tb.		Diphtheria (including membranous croup)	Small Pox	Tb. Other Forms	Meningococcal infection	Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Acute Pneumonia Primary (or influenzal)	Paratyphoid Fever	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Poisoning (ex. Dysentery, Typho'd and Paratyphoid Fevers)	Erysipelas	Chicken Pox	Malaria			
					Paralytic	Non-Paralytic	Respiratory	Meninges & C.N.S.					Infective	Post-Infectious										Believed to be contra'd in this country	Believed to be contra'd abroad	Induced in Institutions	
Aldershot	32,810	2	3	43	—	—	10	—	—	—	1	—	—	—	—	—	6	—	—	—	—	1	—	—	—	—	66
Alton	9,080	—	—	1	—	—	2	—	—	—	1	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	7
Andover	17,960	8	1	32	—	—	3	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	48
Basingstoke	26,990	1	—	4	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Christchurch	26,640	2	—	71	—	—	3	—	—	—	—	—	—	—	2	—	—	12	—	—	1	1	—	—	—	—	92
Eastleigh	38,080	—	—	10	—	—	13	—	—	—	1	1	—	—	—	—	15	—	—	—	—	—	—	—	—	—	40
Fareham	63,170	12	1	15	—	—	19	1	—	—	—	1	—	—	20	—	1	5	1	—	2	2	—	—	—	—	80
Farnborough	33,430	3	4	96	—	—	11	—	—	—	1	1	—	—	—	—	1	1	—	—	—	1	—	—	—	—	119
Fleet	14,180	2	2	34	—	—	1	—	—	—	1	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	44
Gosport	68,850	10	—	406	—	—	17	—	—	—	1	—	—	—	11	—	10	10	1	—	17	8	—	—	—	1	492
Havant and Waterloo ...	78,120	24	8	119	1	—	15	—	—	—	—	1	—	—	2	—	4	1	—	—	25	1	—	—	—	—	201
Lymington	29,220	1	2	79	—	—	5	—	—	—	—	—	—	—	11	—	1	5	—	—	—	—	—	—	—	—	104
Petersfield	7,730	1	—	6	—	—	1	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	11
Romsey	6,400	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	5
Winchester	28,650	2	1	18	—	—	12	—	—	—	3	2	—	1	5	—	20	1	—	—	2	2	—	—	—	—	69
TOTAL URBAN	481,310	70	22	934	1	—	118	1	—	—	9	7	—	1	51	—	61	43	2	—	49	16	2	—	—	1	1,387
ADMINISTRATIVE COUNTY	801,740	107	82	1,296	1	—	192	5	—	—	25	9	—	1	84	1	86	64	3	—	61	25	4	—	15	1	2,061

NOTIFICATIONS OF INFECTIOUS DISEASE, 1962

RURAL DISTRICTS

District	Estimated Population for mid-1962	Cases of Infectious Disease Notified During the Year 1962																								
		Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tb.		Diphtheria (including membranous croup)	Small Pox	Tb. Other Forms	Meningococcal infection	Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Acute Pneumonia Primary (or influenzal)	Paratyphoid Fever	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Poisoning (ex. Dysentery, Typho'd and Paratyphoid Fevers)	Erysipelas	Chicken Pox	Malaria			TOTAL CASES
					Paralytic	Non-Paralytic	Respiratory	Meninges & C.N.S.					Infective	Post-Infectious										Believed to be contra'd in this country	Believed to be contra'd abroad	Induced in Institutions	
Alton	25,090	1	32	31	—	—	3	—	—	—	1	—	—	—	—	—	—	1	—	—	—	4	—	—	—	—	73
Andover	19,760	8	—	26	—	—	2	—	—	—	2	—	—	—	8	1	1	—	—	—	—	—	—	—	15	—	63
Basingstoke	19,640	2	—	76	—	—	4	1	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	87
Droxford	23,300	—	—	16	—	—	7	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	26
Hartley Wintney	26,950	1	—	35	—	—	8	—	—	—	—	—	—	—	4	—	3	1	—	—	—	3	—	—	—	—	55
Kingsclere and Whitchurch	23,710	1	—	72	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76
New Forest	59,750	10	14	50	—	—	22	—	—	—	8	—	—	—	13	—	12	6	—	—	7	1	—	—	—	—	143
Petersfield	23,930	1	7	4	—	—	5	—	—	—	1	—	—	—	5	—	2	—	—	—	—	—	—	—	—	—	25
Ringwood and Fordingbridge	27,380	1	2	28	—	—	8	1	—	—	2	—	—	—	—	—	1	5	—	—	—	1	—	—	—	—	49
Romsey and Stockbridge ...	22,500	7	—	10	—	—	3	2	—	—	1	—	—	—	1	—	2	—	—	—	—	—	2	—	—	—	28
Winchester	48,420	5	5	14	—	—	9	—	—	—	1	1	—	—	2	—	4	2	1	—	5	—	—	—	—	—	49
TOTAL RURAL	320,430	37	60	362	—	—	74	4	—	—	16	2	—	—	33	1	25	21	1	—	12	9	2	—	15	—	674

DEATHS — 1962

1. Causes.	Male	Female	Total
1. Tuberculosis, respiratory	16	7	23
2. Tuberculosis, other	3	4	7
3. Syphilitic disease	8	7	15
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	1	1
7. Acute poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases ...	10	7	17
10. Malignant neoplasm, stomach	99	68	167
11. Malignant neoplasm, lung bronchus ...	283	55	338
12. Malignant neoplasm, breast	—	147	147
13. Malignant neoplasm, uterus	—	59	59
14. Other malignant and lymphatic neoplasms ...	403	385	788
15. Leukaemia and aleukaemia	20	21	41
16. Diabetes	21	34	55
17. Vascular lesions of the nervous system ...	510	732	1,242
18. Coronary disease, angina	987	586	1,573
19. Hypertension with heart disease	83	125	208
20. Other heart disease	502	758	1,260
21. Other circulatory disease	155	177	332
22. Influenza	27	44	71
23. Pneumonia	243	275	518
24. Bronchitis	252	113	365
25. Other disease of the respiratory system ...	47	26	73
26. Ulcer of stomach and duodenum	55	19	74
27. Gastritis, enteritis and diarrhoea	24	29	53
28. Nephritis and nephrosis	26	23	49
29. Hyperplasis of prostrate	43	—	43
30. Pregnancy, childbirth and abortion	—	4	4
31. Congenital malformations	46	59	105
32. Other defined and ill-defined diseases ...	307	380	687
33. Motor vehicle accidents	77	33	110
34. All other accidents	104	81	185
35. Suicide	66	39	105
36. Homicide and operations of war	4	1	5
Total all causes ...	4,421	4,299	8,720

2. Age Groups.

Deaths from all Causes in Age Groups

Age Groups	Males				Females				Total Deaths			
	1962	1961	1960	1959	1962	1961	1960	1959	1962	1961	1960	1959
0—	161	161	174	155	135	114	108	97	296	275	282	252
1—	24	26	36	32	25	32	22	20	49	58	58	52
5—	24	31	31	30	25	12	18	21	49	43	49	51
15—	64	67	62	73	22	25	13	16	86	92	75	89
25—	158	161	161	126	120	129	96	109	278	290	257	235
45—	1,059	1,037	965	958	660	603	635	614	1,719	1,640	1,600	1,572
65—	1,192	1,176	1,144	1,112	925	966	867	821	2,117	2,142	2,011	1,933
75—	1,739	1,612	1,615	1,535	2,387	2,409	2,203	2,074	4,126	4,021	3,818	3,609
Total	4,421	4,271	4,188	4,021	4,299	4,290	3,962	3,772	8,720	8,561	8,150	7,793

Malignant Neoplasm Lung Bronchus
DEATHS 1955-1962 — in age groups

Age	1955		1956		1957		1958		1959		1960		1961		1962	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
15—24	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
25—44	5	2	6	3	9	4	4	1	10	3	8	3	5	2	11	3
45—64	86	15	110	13	114	19	131	23	123	23	130	18	148	22	142	32
65—74	68	17	58	13	75	12	85	6	87	12	102	18	118	17	97	8
75+	26	2	30	6	21	6	32	3	27	5	37	11	38	10	33	12
Total	185	36	204	35	221	41	252	33	247	43	277	50	309	51	283	55
	221		239		262		285		290		327		360		338	

THE SCHOOL HEALTH SERVICE

For many years past the Annual Report on the School Health Service has been cast in the same pattern. Statistics have been presented of the work done, and of the state of the children's health in terms of various types of sickness and disability; and a commentary has been made on the statistics. This usual method of approach has much to commend it, but it has an inherent defect: the children, and to some extent the service, are judged from year to year in terms of small improvements, or the reverse, as compared with previous years.

It is desirable to endeavour from time to time to look with fresh eyes at this service, and to attempt to assess it by standards more absolute than a comparison with last year's findings. This year, therefore, the statistics are presented in reduced form, and with very little comment.

The first objective of a School Health Service is to endeavour to ensure that every child is fit in body and mind to benefit fully from the education provided; and the second, which is complementary to the first, is to discover those children (the " Handicapped Pupils ") who cannot be made thus fit, and to advise as to their medical and special educational needs. To achieve these objects the children are medically examined in accordance with the scheme with which the Committee are familiar from previous Annual Reports. This scheme seems to be essentially sound, and there is no evidence that it is failing in its objective of bringing to light defects requiring medical or special educational treatment. As regards the general health of the children, the statistics convey as satisfactory an impression as in previous years; but it is pertinent to ask, how far do the children, and particularly those leaving the schools, fall short of " complete health "? This question needs asking because there is evidence in the writings of various people who have to deal with youngsters after they have left school—factory doctors, university doctors, medical officers and physical instructors in the armed forces, and others—that they regard many of the young people who come to them as unsatisfactory in physique. The Army, it is said, is able by a liberal administration of food and exercise to improve the physique of its new recruits to a marked degree. And there is evidence within the schools themselves that a majority of children fall short of physical perfection: the small proportion of athletes show up the rest—is there any reason why (if it were accepted as a proper first objective) the vast majority of children should not reach the standard of the athletes?—or indeed why the athletes themselves should not achieve the yet higher standard of physical performance shown by, say, the trapeze artist?

There is in fact good reason why they should not. It would call for concentration upon physical health to a degree which is incompatible with the demands of civilised life in general and schooling in particular. This is inescapable, but its implication is important—that the school life and environment can be prejudicial to the health of the school child. And this leads to a third objective of the School Health Service—to regard school medicine as a form of occupational medicine, and to endeavour to minimise the specific occupational and environmental hazards which threaten the school child.

These hazards, both to body and mind, are more numerous than might at first sight appear. On the environmental side they are certainly much diminished as a result of the successive sets of Building Regulations which have led to steadily rising standards, and generally speaking we can say that in Hampshire there is now little threat to the children's health from the buildings in which they work.

Nevertheless, they are subject to a number of adverse influences.

In the early years of school life there is an exchange of micro-organisms which results not only in bouts of the common named infectious diseases but also in catarrhal infections of the throat, nose and sinuses, which in some children cause educational disability from intermittent hearing-loss and lasting chronic infections which have a permanent effect on health.

Schooling makes a heavy and unnatural demand upon near vision, which is a complicated muscular act, whereas distant vision is secured by muscular relaxation. By school leaving age about 20% of all school children need to wear glasses: it seems inherently probable that a part of this defective vision results from occupational eye-strain.

As regards the general physique of the children, I have suggested that this falls far short of perfection, and reflects the fact that school children live what is biologically speaking an unnatural life. The difficulties of increasing the time spent on physical activity in the schools—the pressure on the curriculum and the shortage of specialist teachers—are obvious enough; but it is well that the School Health Service personnel at least should bear constantly in mind that most school children have a physical potential far beyond what they normally achieve. Two possibilities merit reflection—one is that with limited physical education resources there may be a temptation to concentrate these upon the athletes: the other is that the present concentration of specialist physical educational teaching in the Secondary Schools is perhaps too late. From the long-term point of view, it might be more rewarding to devote more attention to the junior schools, when perhaps habits of physical exertion are more easily inculcated and academic pressures rather less. There would seem to be some justification for this suggestion in that the more serious forms of distortion of the spine appear at about the age of 11 to 12.

One of the results of the selective inspection of school children has been an increase in the number of children referred with emotional disturbance with or without behaviour problems. It is likely that the great majority of these originate in the child's home; but it is nevertheless proper to consider whether school life may in some circumstances initiate or exacerbate such problems. School-entry means partial separation from home: for most children it is a happy experience for which they are fully ready, but for some, either because they are retarded in mental and emotional development or because there is real or imagined rejection by the parents, it may be deeply disturbing. The pressures of examinations (secondary school selection, or the certificates of education), as well as the ordinary " rub " of school life and the demand it imposes upon a child's ability to make contacts, appear to be far more

disturbing to some children than to others. The recognition of such children by teachers, psychologists and School Health staff in discussion together may lead to an easing of pressures, to the child's ultimate educational advantage.

However true it is that school-life carries certain health hazards, there would be little practical value in drawing attention to the fact if the situation were totally irremediable. No sensible person would suggest that education should be jettisoned to allow children free and unfettered physical and emotional development, nor that we should abandon our civilised way of life because of its adverse effects upon health. But in fact the **extent** of the damage to health, both at school and afterwards, is very much within the power of the individual to determine. It comes back to simple basic things like good food, habits of regular exercise, suitable clothing and footwear, personal and communal cleanliness, and avoidance of abuses of the body and mind. These things are the content of health education, and it is by this means that the health of school children—and hence of the entire community—can be promoted. Medical inspections and clinics have produced valuable results: they are still required for individual children, but for most purposes (dental services are the main exception) they require no further expansion and cannot be expected to result in any further improvement in the health of school children generally. What is needed is an enhanced awareness, on the part of the children, of the worthwhileness of full physical competence and of how best to maintain this under the artificial conditions in which they must live. This calls for continuous health education, and I am delighted that the County Education Officer has formed a Working Party to investigate the whole question of health education in schools.

The field in which education and medicine overlap is an ever-widening one. The need for exchanges of information and opinion between teaching and school health staff increases accordingly. The system of " selection visits " in Hampshire produces unprecedented opportunities for this, to the ultimate advantage of the children. I am aware, however, that these contacts are time-consuming, and that it is not always easy to fit the many School Health Service activities—medical inspection, vision testing, audiometry, dental inspection, immunisation, etc.—into the time and space available. I am, therefore, most appreciative of the willing co-operation and help of the head teachers, and I record here my grateful thanks to them.

General Statistics.

Number of school children on registers of Maintained Schools—117,001 (September, 1962).

	Nursery Schools	*Primary Schools*	*Secondary Schools*		*Totals*
			Grammar	*Modern*	
New School or Department premises opened	—	6	—	1	7
Permanent closures	—	2	—	—	2
Number of Schools at 31.12.62:					
County	1	209*	14	56	280
Voluntary	—	168	3	4	175
Total ...	1	377*	17	60	455
Average number of children on school registers in school year 1961-62	33	70,666	10,072	35,441	116,212

* Includes three Special Schools and three Hospital Schools.

The number of children attending Maintained Schools has increased by approximately 2,600 in the past year, and by 36,000 in the past 10 years.

Further Education. 621 full-time students under 19 are in attendance at the following Further Education Establishments:—

Basingstoke Technical College.
Eastleigh Technical College.
Farnborough Technical College.
Winchester School of Art.
County Farm Institute, Sparsholt.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 1

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Years of Birth)	*Number of Pupils Inspected*	*Physical Condition of Pupils Inspected*			
		Satisfactory		*Unsatisfactory*	
		Number	*% of Col. 2*	*Number*	*% of Col. 2*
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	20	20	100.0	—	—
1957	2,904	2,892	99.6	12	0.4
1956	7,678	7,637	99.5	41	0.5
1955	1,344	1,329	98.9	15	1.1
1954	519	514	99.0	5	1.0
1953	352	350	99.4	2	0.6
1952	290	287	99.0	3	1.0
1951	300	298	99.3	2	0.7
1950	350	348	99.4	2	0.6
1949	382	379	99.2	3	0.8
1948	931	930	99.9	1	0.1
1947 and earlier	5,100	5,096	99.9	4	0.1
Total	20,170	20,080	99.5	90	0.5

Children classified as "unsatisfactory" are almost invariably recommended for some special consideration, such as a period of convalescence, or a stay in an Open Air School, or additional nourishment, or special investigation of home management by the School Nurse.

TABLE 2

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Years of Birth)	*Number of Pupils Inspected*	*For Defective Vision (excluding squint)*		*For any of the other conditions recorded in Table 6*		*Total Individual Pupils*	
		Number	*% of Col. 2*	*Number*	*% of Col. 2*	*Number*	*% of Col. 2*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1958 and later	20	—	—	1	5.0	1	5.0
1957	2,904	100	3.4	610	21.0	690	23.8
1956	7,678	293	3.8	1,806	23.5	1,975	25.7
1955	1,344	61	4.5	339	25.2	396	29.5
1954	519	18	3.5	118	22.7	136	26.2
1953	352	26	7.4	64	18.2	89	25.3
1952	290	19	6.5	51	17.6	70	24.1
1951	300	20	6.7	53	17.7	72	24.0
1950	350	18	5.1	61	17.4	79	22.6
1949	382	25	6.5	67	17.5	91	23.8
1948	931	46	4.9	117	12.6	158	17.0
1947 and earlier	5,100	227	4.5	550	10.8	748	14.7
Total	20,170	853	4.2	3,837	19.0	4,505	22.3

TABLE 3

OTHER INSPECTIONS

Number of Special Inspections	9,998
Number of Re-Inspections	28,652
Total	38,650

TABLE 4

Numbers of children medically inspected in the past five year.

Year	*Periodic Inspections*	*Special Inspections*	*Total Inspections*
1958	28,233	3,248	31,481
1959	22,407	4,161	26,568
1960	12,743	8,558	21,301
1961	17,495	8,811	26,306
1962	20,170	9,998	30,168

TABLE 5

(Illustrating the discretion given to medical officers in the examination of Leavers).

Pupils given full periodic medical inspection	361
Pupils given partial medical inspection for particular defect(s) or condition(s)	1,108
Pupils not examined but interviewed only	4,111
Total	5,580

As the above tables show, the number of children inspected was greater in 1962 than in the previous year. So also, however, was the school population, and the objective of a termly selection visit and inspection in each school was, once again, not achieved.

TABLE 6

ANALYSIS OF DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1962

Defect or Disease	Periodic Inspections — Age Groups																Special Inspections			
	ENTRANTS: No. 12,298				LEAVERS: No. 5,580				OTHERS: No. 2,292				TOTAL: No. 20,170				No. 9,998			
	No. of Defects				No. of Defects				No. of Defects				No. of Defects				No. of Defects			
	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections
Skin	253	20.6	530	43.1	143	25.6	177	31.7	75	32.7	77	33.6	471	23.3	784	38.9	228	22.8	202	20.2
Eyes—(*a*) Vision	463	37.6	1,242	101.0	240	43.0	454	81.4	150	65.4	214	93.4	853	42.3	1,910	94.7	484	48.4	1,066	106.6
(*b*) Squint	193	15.7	300	24.4	14	2.5	32	5.7	19	8.3	46	20.1	226	11.2	378	18.7	57	5.7	187	18.7
(*c*) Other	62	5.0	188	15.3	13	2.3	51	9.1	7	3.0	40	17.4	82	4.1	279	13.8	55	5.5	174	17.4
Ears—(*a*) Hearing	52	4.2	1,194	97.1	12	2.1	82	14.7	5	2.2	106	46.2	69	3.4	1,382	68.5	104	10.4	832	83.2
(*b*) Otitis Media	90	7.3	614	49.9	12	2.1	47	8.4	4	1.7	48	20.9	106	5.3	709	35.1	28	2.8	178	17.8
(*c*) Other	67	5.4	537	43.7	12	2.1	29	5.2	11	4.8	69	30.1	90	4.5	635	31.5	79	7.9	110	11.0
Nose and Throat	622	50.6	3,348	272.2	62	11.1	276	49.5	39	17.0	342	149.2	723	35.8	3,966	196.6	261	26.1	1,256	125.6
Speech	132	10.7	659	53.6	4	0.7	38	6.8	7	3.0	42	18.3	143	7.1	739	36.6	161	16.1	325	32.5
Lymphatic Glands	57	4.6	2,201	179.0	4	0.7	9	1.6	—	—	162	70.7	61	3.0	2,372	117.6	18	1.8	327	32.7
Heart	22	1.8	294	23.9	11	2.0	40	7.2	4	1.7	41	17.9	37	1.8	375	18.6	12	1.2	124	12.4
Lungs	98	8.0	750	61.0	12	2.1	72	12.9	12	5.2	71	31.0	122	6.0	893	44.3	23	2.3	388	38.8
Developmental—(*a*) Hernia ...	34	2.8	53	4.3	—	—	1	0.2	—	—	1	0.4	34	1.7	55	2.7	5	0.5	10	1.0
(*b*) Other ...	50	4.1	455	37.0	7	1.2	23	4.1	8	3.5	36	15.7	65	3.2	514	25.5	46	4.6	165	16.5
Orthopaedic—(*a*) Posture ...	243	19.8	347	28.2	52	9.3	74	13.3	77	33.6	95	41.4	372	18.4	516	25.6	131	13.1	116	11.6
(*b*) Feet	529	43.0	850	69.1	58	10.4	99	17.7	85	37.1	142	61.9	672	33.3	1,091	54.1	188	18.8	283	28.3
(*c*) Other ...	72	5.8	1,074	87.3	32	5.7	125	22.4	26	11.3	119	51.9	130	6.4	1,318	65.3	76	7.6	309	30.9
Nervous System—(*a*) Epilepsy ...	9	0.7	51	4.1	4	0.7	13	2.3	4	1.7	9	3.9	17	0.8	73	3.6	5	0.5	62	6.2
(*b*) Other ...	18	1.5	312	25.4	22	3.9	92	16.5	8	3.5	71	31.0	48	2.4	475	23.5	24	2.4	451	45.1
Psychological—(*a*) Developmental...	17	1.4	249	20.2	4	0.7	35	6.3	5	2.2	38	16.6	26	1.3	322	16.0	143	14.3	362	36.2
(*b*) Stability ...	97	7.9	1,185	96.4	16	2.9	71	12.7	18	7.8	143	62.4	131	6.5	1,399	69.4	167	16.7	1,018	101.8
Abdomen	20	1.6	323	26.3	6	1.1	23	4.1	6	2.6	55	24.0	32	1.6	401	19.9	17	1.7	244	24.4
Other	53	4.3	490	39.8	28	5.0	112	20.1	6	2.6	102	44.5	87	4.3	704	34.9	67	6.7	516	51.6
Menstruation	—	—	—	—	52	*9.3	111	*19.9	6	*2.6	20	*8.7	58	*2.9	131	*6.5	23	*2.3	78	*7.8
Total Defects	3,253	264.5	17,246	1,402.3	820	146.9	2,086	373.8	582	253.9	2,089	911.4	4,655	230.8	21,421	1,062.0	2,402	240.2	8,783	878.5

* The rates per 1,000 girls are approximately double the figures shewn.

DEFECTIVE VISION AND SQUINT.

Once again the objective of an annual sight test for every child was not achieved though there was some improvement on the previous year. Only 73% of school children were tested by Health Visitors and it was not possible to visit 76 schools for this purpose.

The results of annual vision testing are shown in Table 7 and the incidence of squint among School Entrants, which is slightly less than in the previous year, is shown in Table 8.

TABLE 7

ANNUAL VISION TESTING

Number of children with normal vision	76,887
For re-test	6,676
Referred to School Medical Officer or Eye Clinic	2,701
	86,264

TABLE 8

INCIDENCE OF SQUINT FOUND PER 1,000 SCHOOL ENTRANTS AT PERIODIC MEDICAL INSPECTION

Year	*Referred for*		*Total*
	Treatment	*Observation*	
1957	16.0	17.9	33.9
1958	13.3	20.1	33.4
1959	15.7	22.1	37.8
1960	16.5	23.1	39.6
1961	15.8	30.0	45.8
1962	15.7	24.4	40.1

TABLE 9

SUMMARY OF WORK OF SCHOOL EYE CLINICS, 1962

	New Cases	*Re-examinations*	*Total* (1962)	*Total* (1961)
Number of children seen	1,985	3,059	5,044	4,303
Total attendances	1,985	3,997	5,982	5,321
Glasses ordered for the first time ...	926	243	1,169	1,202
Lenses changed	—	1,507	1,507	1,442
Glasses discontinued	—	222	222	91
Recommended for orthoptic treatment	100	7	107	153
Referred for advice re operative treatment	94	16	110	97
Other treatment	3	1	4	8

TABLE 10

ANALYSIS AND PERCENTAGE OF DEFECTS FOUND AT EYE CLINICS

In New Cases, 1962

	Age									
	0—1	1—	2—	5—	8—	11—	14—18	0—18	5—18	% 5—18
Squint	1	8	42	103	46	39	14	253	202	11.2
Myopia	1	1	4	84	184	210	146	630	624	34.6
Astigmatism or Hypermetropia	1	4	3	212	145	87	48	500	492	27.3
Other Defects	2	5	3	13	9	2	4	38	28	1.6
"No Defects" ...	20	43	45	217	125	66	48	564	456	25.3
Total ...	25	61	97	629	509	404	260	1,985	1,802	100.0

AUDIOMETRY AND HEARING DEFECTS.

From the commencement of the Autumn Term, 1962, the group testing of children by the gramophone audiometer was discontinued and was replaced by pure tone audometric testing (a " sweep " test followed if necessary by full audiometry) of selected children referred by School Medical Officers from School Medical Inspection and by Head Teachers. The results were as follows:—

TABLE 11

AUDIOMETRY

Age	*No. of children*		*Children newly found to have hearing loss*
	Tested for first time	*Re-tested*	
4	4	—	—
5	273	12	187
6	559	166	373
7	371	258	254
8	275	305	201
9	202	272	129
10	128	148	90
11	97	115	69
12	140	153	109
13	86	164	56
14	69	139	57
15	30	50	17
16	6	6	3
17	—	1	—
Total	2,240	1,789	1,545

Of the 1,545 children who failed the sweep test, the majority had slight or transient hearing loss and will be periodically re-tested. Sixty-two children were recommended for operative treatment.

The hearing testing of certain special groups of school children was continued as previously:—

Children with cerebral palsy: nine children were tested and three had hearing loss.

Children with speech defects: 327 were tested for the first time and 160 had a hearing loss.

Children with hearing aids of whom there were 101 in ordinary school.

The Work of the Peripatetic Teachers of the Deaf.

(a) **In Schools.**

Children seen:—

Found to require further review	273
Not found to require further review	457
Total seen	730
On waiting list at end of year	34

(b) **In Audiometric Clinics.**

New Cases	432
Re-tests	481

(c) **Educational Diagnostic and Remedial Teaching Sessions.**

Weekly teaching of children	65
Other regular visits to children	70

The above information is derived from a report by Mr. F. D. Priddle, the Senior Peripatetic Teacher of the Deaf, for which I am indebted to the County Education Officer.

SPEECH THERAPY

TABLE 12

SPEECH THERAPY CLINICS

Clinic* sessions held	2,383
Consultations	461
Treatments	10,675
New cases referred during the year	448
New cases commencing treatment during the year ...	465
Continued from 1961	738
Total children treated	1,203
Children discharged	312
Number on Registers of Clinics 31.12.62:—	
(a) Under treatment	669
(b) Awaiting treatment after consultation	222
Total ...	891
Waiting List (awaiting consultation) on 31.12.62 ...	86

* Following a survey by the Chief Speech Therapist, separate treatment sessions were commenced at Lankhills Special (E.S.N.) School. These, and also the sessions at the Lord Mayor Treloar Hospital, are included in the above table.

TABLE 13

SPEECH THERAPY CLINCS

Children discharged—Results of treatment.

Reason for Discharge	*No Improvement*	*Improved*	*Speech Satisfactory*
Found unsuitable for treatment	3	4	—
Failure to continue attendance	13	15	—
No further response anticipated	—	27	165
Left school	1	17	5
Left district	12	43	7
Total ...	29	106	177
Grand Total ...	312		

TABLE 14

SPEECH THERAPY

The following table shows the number of boys and girls under treatment on 31.12.62 by Speech Therapists for each type of defect.

Defect	*Boys*	*Girls*	*Total*
Dyslalia	344	135	479
Dysarthria	11	12	23
Stammer	115	31	146
Cleft Palate	19	11	30
Delayed speech development ...	60	32	92
Dual defects	40	19	59
Others	41	21	62
Total ...	630	261	891

PHYSICAL EDUCATION IN THE SCHOOLS.

I am indebted to the County Education Officer for the following report by the Organisers of Physical Education:—

I. GENERAL.

The Physical Education programme in all types of schools continues to broaden and now includes a number of activities for which specialised knowledge is required and which may not have been included in the normal college training. An increasing number of teachers attend courses on these aspects of the work in order to qualify themselves to offer these activities—particularly in Secondary Schools. Typical programmes include:—

Primary Schools. Gymnastics, Minor Playground and Field Games, Major Playground and Field Games, Dance or Music and Movement, Country Dancing, Athletics, Swimming.

Secondary Schools. Gymnastics, Major Playground and Field Games (Hockey, Cricket, Soccer, Rugger, Netball, Basketball, Tennis, Lacrosse), Badminton, Modern Dance, Ballroom Dancing, Country Dancing, Athletics, Swimming, Judo, Fencing, Sailing, Canoeing, Camping, Rock Climbing, Riding.

II. PRIMARY SCHOOLS.

(a) **Facilities.**

The picture of Physical Education in Primary Schools is a varied one; necessarily so, since the facilities are so diverse. The ingenuity of teachers is taxed to the utmost where there is no indoor space for activity and where the playground does not have a quick-drying surface. It is pleasing to note that the number of schools in this category is rapidly diminishing.

Some of the older schools are fortunate in having large classrooms with stackable furniture, or in being able to use a village hall on one or two occasions each week. The problem here is the cleanliness and safety of the floor surface. Much has been done to improve conditions in classrooms used for Physical Education lessons by sanding and sealing the floorboards.

The provision of halls in all the new Primary Schools, both Infant and Junior, has made an enormous difference to the Physical Education in these schools, as well as in those older schools where a hall has been added as part of a programme of modernisation. It is now possible to plan work of real educational content, in the knowledge that the lessons can be carried through without dependence on weather. A clean and warm hall, with a safe floor, is of inestimable value; children can work bare-foot and can strip to a minimum of clothing with the complete freedom of movement which this makes possible. The provision of the halls has tended to emphasise the deficiencies in those schools where in the winter months even the hardiest teacher hesitates to take children on to a bleak playground, where,

clad in woollies, they manage some activity in order to keep warm. Unfortunately, in those Primary Schools where, owing to increased numbers, halls previously used for Physical Education are having to do service temporarily as classrooms, the standard of work has inevitably fallen.

(b) **Equipment.**

There is now agility apparatus of some kind in 358 schools. Only 18 schools have no large climbing apparatus.

III. SECONDARY SCHOOLS.

(a) **Staffing.**

Specialist staff are required for posts in Secondary Schools where the excellent facilities and wide range of skills to be taught demands a high degree of competence. The staffing situation during the last few years has been quite different as regards men and women. Men specialists are emerging from the training colleges in sufficient numbers to staff the schools adequately, and to maintain a fair measure of stability. This makes continuity in approach and progression in work from one year to another. On the women's side, the high rate of " wastage " due to marriage and other domestic reasons, combined with the increase in the number of schools with specialist facilities, has produced a situation in which a number of schools remain without women P.E. teachers for long periods. In these conditions it is very difficult to establish continuity of work and the building up of standards of dress, hygiene, and posture.

(b) **Facilities.**

With the increase in the number of new buildings, it is now compartively rare to find a Secondary School with inadequate accommodation for physical education. The few which remain have a particularly hard task. Playing fields at new schools have in the main well laid out and maintenanced games pitches, jumping pits, hard surface cricket wickets, and some progress is being made towards providing adequate tennis facilities.

IV. OUTDOOR PURSUITS.

The 1961 Report made special reference to the Outdoor Pursuits, and there has been further development in Sailing, Canoeing, Camping, Riding and Rock Climbing.

V. SWIMMING.

The 1960 Report was concerned with the development of swimming. Since that report, the numbers of children who are given an opportunity of learning to swim has again increased. This increase is due to a rise in the number of swimming pools both " full-size " and " learner," built at schools under self-help schemes.

TABLE 15

SCHOOL SWIMMING POOLS, 1962

	1960			1961			1962		
	Hired Pools	*School Pools*	*Total*	*Hired Pools*	*School Pools*	*Total*	*Hired Pools*	*School Pools*	*Total*
No. of pools used	22	10	32	22	20	42	24	26	50
No. of schools using pools ...	131	10	141	130	20	150	139	27	166
No. of children receiving weekly lessons	12,265	5,533	17,798	12,545	9,699	22,244	12,901	12,238	25,139

CHILD GUIDANCE SERVICE.

Dr. I. Hadfield, Consultant Child Psychiatrist, reports as follows:—

" The work of the Child Guidance Clinics is still hampered by inadequate staffing, but progress is being made in this direction and generally speaking the waiting lists for diagnostic interviews have been reduced in most of the clinics.

Referrals remain at about the same level and the number of referrals from different sources remain about the same although there is, again, a further increase in the number of children referred by family doctors. Once again it is noted that behaviour disorders are the problems which constitute the greatest number of referrals.

An additional Psychiatric Social Worker was appointed in September and we were fortunate in that one of our original Social Workers who had retired returned to the Service part-time.

All staff have continued to give much time to extra-clinical activities such as lectures and training courses. We have taken four P.S.W. students from Southampton University, as well as offering facilities for sitting in on case discussions to Medical Practitioners from Park Prewett Hospital, the Paediatric Department of the Royal Hampshire County Hospital and in General Practice.

The increasing need for psychiatric cover at Compton Diagnostic Unit has led to more regular cover being given by Dr. Bartlet.

In general, it has been an encouraging year, particularly from the clinical standpoint, and the Service as a whole is developing well as a dynamic unit in the diagnostic, treatment and training fields."

TABLE 16

SUMMARY OF WORK OF THE CHILD GUIDANCE SERVICE FOR 1962

I.	Cases carried on from last year			1,098
	New cases referred during the year			763
	Old cases re-opened			83
				1,944
	Number of cases closed during year			686
	Number of cases carried forward to next year:—			
	Cases under investigation or treatment on 31.12.62	1,186		
	Cases awaiting investigation	72		
				1,258
II.	Sources of Referral.			
	County Medical Officer, School Medical Officers, etc.			158
	Juvenile Courts			278
	General Practitioners			128
	Educational Psychologists			101
	Hospitals			38
	Parents			31
	County Children's Officer			30
	Probation Officers			26
	Other Child Guidance Clinics			18
	County Education Officer			11
	Health Visitors			8
	Head Teachers			7
	Speech Therapists			4
	Miscellaneous			8
				846
III.	Reasons for Referral.			
	Behaviour disorders			538
	Nervous disorders			79
	Habit disorders			76
	In need of care and protection			48
	Educational and vocational advice			48
	Failure to attend school			33
	Breach of recognisance			10
	Miscellaneous			14
				846
IV.	Number of children seen by Psychiatrists during year at Clinics.			
	Number of new patients seen			292
	Number of new cases taken on for treatment			167
	Number of other cases seen for treatment or supervision			220
	Total number of attendances by children			1,919
	Number of home visits paid by Psychiatric Social Workers and Social Worker			2,026
V.	Remand Homes.			
	307 children (186 boys and 121 girls) were seen at the Remand Homes.			
VI.	Disposal of Cases.			
	Total cases closed			548*
	No treatment—consultation and recommendation to Courts	268		
	Consultation and advice only	116		
				384
	Discharged after treatment—Satisfactory	9		
	Improved	49		
	Some improvement	18		
	Unsatisfactory	12		
				88
	Transferred			41
	Moved away			28
	Unsuitable for Child Guidance			7

* A further 138 cases were referred and were withdrawn without clinic investigation on account of failure to attend, spontaneous improvement, etc.

THE SCHOOL PSYCHOLOGICAL SERVICE.

The following report from Mr. A. M. Harborth, Senior Educational Psychologist embodies the work of the School Psychological Service for the year 1962:—

The total number of cases referred during the year was 1,599, of which 89 were carried forward from 1961. 1,363 cases were tested or otherwise dealt with, leaving 237 cases to carry forward to 1963.

TABLE 17

Sources of Referral.

Head Teachers	694
Psychiatrists	369
School Medical Officers	172
County Education Officer's Department	25
Remand Homes	256
Parents	13
General Practitioners / Paediatricians	26
Probation Officers	5
Other Clinics	9
Education Welfare Officer's; Speech Therapists	22
Children's Department	7
Youth Employment Officers	1

TABLE 18

Reasons for Referral.

General Backwardness	509
Specific Backwardness	16
Assessments and Re-assessments	665
Advice (including S.M.O. Referrals)	266
School Refusal	20
Behaviour Difficulties	90
Emotional Problems	50
Follow-up of cases	239
Remand Homes	256

There is considerable overlap in some of these categories and more than one reason may be given in referral. The great increase in the category of general backwardness is due to several schools having small surveys done when large numbers of pupils have been referred for examination and advice. As the number of cases seen increases, so the number of follow-up visits increases, so that the effectiveness of advice or placing suggested, may be gauged.

Remedial Treatment was given in the Clinics where 61 children were seen at 837 individual treatment sessions, for remedial education or general support.

Other Comments.

A considerable amount of time is devoted to Leigh House hostel for Maladjusted Adolescents, and the Compton Diagnostic Unit demands regular attention. We have been concerned in the establishment of a second Remedial Centre and in several surveys in schools, where attempts are being made to give maximum assistance to the slower-learning pupil. It is in this field that the work of the service has been mainly concerned—with the sub-normal and the abnormal, but the future may require more work with the guidance of normal children, especially when they are about to leave school, and some assessment is needed of their potential and aptitudes for work.

An equally important line of approach is in the aid to teachers to be able to recognise symptoms of breakdown in their pupils, be it educational, social or emotional. In other words, prevention of breakdown must be aimed at, and in order to achieve this it is hoped that the future will enable us to give to teachers and others concerned with children, greater insight into Child Development at all stages of growth, from the intellectual, social and emotional aspects of maturation.

THE SCHOOL DENTAL SERVICE.

Report of the Principal School Dental Officer—Mr. C. C. Chadwick:—

Dental Staff.

Authorised Establishment (as at 31st December, 1962):—

1 Chief and Principal School Dental Officer.
35 Dental Officers.
1 Medical Anaesthetist.
2 Dental Auxiliaries.
1 Dental Hygienist.
1 Senior Dental Surgery Assistant.
36 Dental Surgery Assistants.

The staffing position improved again in 1962 when the average equivalent in whole-time Dental Officers was 31. This included 25 part-time Dental Officers whose sessions (3,648) were the equivalent of 7.2 whole-time Dental Officers, but I am glad to report that the overall improvement was mainly due to the appointment of full-time staff.

Two full-time Dental Auxiliaries commenced duty on completion of their two years' training in September; their duties include conservative dental treatment, extractions and assisting with Dental Health Education.

A Dental Hygienist commenced duty on 1st October. She provides oral hygiene treatment at several clinics and also undertakes Dental Health Education work.

The arrangements whereby general anaesthetic sessions are undertaken by interchange between County Dental Officers continued, but the use of Medical Anaesthetists is gradually increasing.

Dental Inspection.

For the first time in many years it was possible for some children to receive a second routine inspection. By the end of the year only a small number of children in relation to previous years had not been inspected at the routine school inspections, and these were mainly in those areas where the number of children allocated to the Dental Officer remains too high.

The rate of consent for treatment by the County Dental Service remains consistently high at 60.6%.

Clinic Premises.

A new clinic was opened at Totton Abbotswood School and additional Surgeries have been added at Eastleigh and Basingstoke Clinics.

One new Dental Trailer was put into service during the year making a total of 13 in all.

Evening Sessions.

The arrangements whereby Dental Officers were asked to hold additional evening sessions were continued and 355 such sessions were held.

Dental Health Education.

The Dental Health Campaign has with the co-operation of the teachers been considerably extended during the year with talks and films to Schools and Parent/Teacher Associations. In all 232 Schools were visited and 530 group talks were given; in addition many visits were made to Child Welfare Centres and other organisations, e.g., Women's Institutes, etc.

Following the Committee's full support of the Dental Health Education Campaign, I am glad to report that an increasing number of Head Teachers have discontinued the sale of decay-producing foods, and requests for lectures in Dental Health and Oral Hygiene have been received from about half the schools in the County.

During the year a pilot scheme in dental health education was started following plans formulated by the Ministry of Health. In the pilot area dental health education was more intensive and the final clinical survey to evaluate the results will take place in about two years' time. The scheme does not, however, interfere with the County's normal dental health education programme.

Finally I should like on behalf of the County Dental Staff to thank the Teaching Staff of the Authority for their co-operation and help in the general work of the County Dental Service, and also the members of the Dental Section at Headquarters for their help and guidance during the year, which has greatly contributed to the successful and efficient running of the Dental Service in this County.

TABLE 19

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	1962	%‡	1961	%‡
1. Number of pupils inspected by the Authority's Dental Officers:—				
(a) Periodic Age Groups	95,992		98,108	
(b) Specials	3,986		4,411	
Total (1)	99,978		102,519	
2. Number found to require treatment	73,903	(73.9)	75,974	(75.1)
3. Number offered treatment	71,938	(71.9)	72,650	(70.9)
4. Number actually treated	42,383	(42.3)	42,664	(41.6)
5. Number of attendances made by pupils for treatment including those recorded at Heading 11 (i) (Orthodontic)	94,553		96,837	
6. Half days devoted to: Inspection	792		786	
Treatment	13,034†		13,359†	
Total (6)	13,826		14,145	
7. Fillings: Permanent Teeth	65,687		67,976	
Temporary Teeth	22,774		22,698	
Total (7)	88,461		90,674	
8. Number of teeth filled: Permanent Teeth ...	54,476		58,041	
Temporary Teeth ...	20,480		20,917	
Total (8)	74,956		78,958	
9. Extractions: Permanent Teeth	6,483*		7,170*	
Temporary Teeth	21,690*		20,867*	
Total (9)	28,173*		28,037*	
10. Administration of general anaesthetics for extractions	10,849		11,853	
11. Orthodontics:—				
(a) Cases commenced during the year ...	595		777	
(b) Cases carried forward from previous year	498		553	
(c) Cases completed during the year ...	295		333	
(d) Cases discontinued during the year ...	127		154	
(e) Cases transferred to Specialist ...	306		345	
(f) Pupils treated with appliances ...	617		796	
(g) Removable appliances fitted	378		394	
(h) Fixed appliances fitted	—		—	
(i) Total attendances	4,442		4,592	
12. Number of pupils supplied with artificial dentures	161		180	
13. Other operations: Permanent Teeth	11,716		10,635	
Temporary Teeth	16,036		13,577	
Total (13)	27,752		24,212	

* Of these 1,212 permanent and 1,189 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 1,252 and 849.

† Of these 729 were general anaesthetic sessions attended by a second Dental Officer (216) or by a Medical Officer (513) acting as anaesthetist.

‡ Percentage of the pupils inspected.

TABLE 20

DENTAL INSPECTION OF SCHOOL CHILDREN, 1962

	First examination during the year				Second and subsequent examinations during the year			
	Number inspected	Number found to require treatment	Number offered treatment	Number consenting to treatment	Number inspected	Number found to require treatment	Number offered treatment	Number consenting to treatment
	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
Routine Inspections	89,759	65,781	63,977	37,506	5,953	4,086	3,938	2,163
Special Schools	218	147	147	145	62	41	36	34
"Specials" at Clinics (see Note (b) below)	3,967	3,831	3,823	3,804	19	17	17	17
Total ...	93,944	69,759	67,947	41,455	6,034	4,144	3,991	2,214

Notes:

(*a*) Columns headed "Number found to require treatment." This figure is the number of children who are not 100% dentally fit. They include some children for whom treatment is not immediately necessary.

(*b*) Not previously inspected during the year. The inspection of "specials" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspection in schools.

TABLE 21

DENTAL TREATMENT

Return of Work for Year 1962

Class of Patient	Number actually treated	Total attending for treatment	Number N_2O and Vinyl Ether Cases	Number of Teeth Filled		Number of Fillings		Extractions				Other Operations							Attendances for	
								Caries		Orthodontic		Silver Nitrate		Other		Root Fillings	Scaling and Cleaning See (a) below	Gum Treatment See (b) below	Dentures See (c) below	Reg. Appliances
				Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Ordinary School Children	42,242	94,327	10,824	54,308	20,436	65,510	22,729	5,252	20,476	1,207	1,189	866	13,114	3,800	2,883	202	6,235	793	476	4,441
Special Schools	141	226	25	168	44	177	45	19	35	5	—	—	34	10	5	—	13	—	3	1
Total	42,383	94,553	10,849	54,476	20,480	65,687	22,774	5,271	20,511	1,212	1,189	866	13,148	3,810	2,888	202	6,248	793	479	4,442

Notes:

(*a*) Scaling and Polishing—same principle as for Gum Treatment. When Scaling has been done, the polishing of the teeth does not count as a separate operation; neither does polishing of a filling.

(*b*) Gum Treatment—one operation if confined to the maxilla or mandible, regardless of the number of teeth concerned; two operations if work carried out in both jaws.

(*c*) Regulation and Denture Work—is not operative work but is entered in Columns 20 and 21 for convenience only. Each attendance at which work is carried out is recorded also in Column 3 and Column 2 when applicable.

Sessions:

School Inspections	792
Clinic Treatment (all patients)	13,458*
Anaesthetists—Dental Officers	216
Medical Officers (part-time)	513

* This includes 355 evening sessions.

Allocation of "CLINIC TREATMENT" Sessions:

Ordinary School Children	12,950
Special School Children	32
Children under School Age	396
Expectant and Nursing Mothers ...	60
Mental Health	20

TABLE 22

THE WORK OF THE DENTAL AUXILIARIES

(From 3.9.62 to 31.12.62)

(Included in Tables 19 and 21)

	School Children	*Pre-School Children*
Number of children allocated for treatment	923	129
Number of fillings completed in:—		
(a) Deciduous Teeth	531	106
(b) Permanent Teeth	293	—
Total fillings ...	824	106
Number of deciduous teeth extracted	34	—
Number of children given prophylactic treatment ...	98	12
Number of children treated by application of stannous or sodium fluoride	—	—
Dental Health Education		
Number of hours spent by auxiliary on dental health education	90	—

TABLE 23

THE WORK OF THE DENTAL HYGIENIST

(From 1.10.62 to 31.12.62)

(Included in Tables 19 and 21)

Number of sessions worked (clinical)	71
Time devoted to individual instruction in Dental Hygiene and Dental Health Education	44 hours
Dental Health Education Group Talks in schools, etc. ...	71 hours
Number of patients treated (new)	252
Number of patients' treatment completed	237
Number discharged as failing to complete treatment ...	4
Attendances	282

TABLE 24

HANDICAPPED PUPILS — 1962

Category	*Ascertainment*		*Special Schools**					*Number receiving special educational treatment in ordinary school*
	New cases ascertained during 1962	*Number on Register* 31.12.62	*Number recommended during the year for admission*	*Number† admitted during the year*	*Number‡ discharged during the year*	*Number attending at end of the year*	*Number awaiting placement at end of the year*	
Blind	3	17	2	3	4	10	4	—
Partially sighted	6	32	5	6	3	19	5	7
Deaf	3 (a)	33	3	5	1	31 (b)	—	—
Partially Hearing	33	165	4	6	6	28	2	135
Delicate	44	307	39	37	44	47	12	182
Physically Handicapped	27	183 (c)	15	19	19	53	9	64
Educationally Subnormal	180	1,060	152	87	49	233	249	769
Maladjusted	37	98	29	32	18	57	15	21
Epileptic	5	25	7	6	2	17	1	8
Speech Defective	1	5	1	2	—	2	3	3
Total ...	339	1,925¶	257	203	146	497	300	1,189

* Includes boarding houses or hostels: excludes Hospital Schools and Spastic Units.

† Or transferred to Hampshire.

‡ Includes children who reached the age of 16, even though they remained at the special school.

¶ 1.6% of the school population.

(a) Includes two children formerly classified as partially hearing.

(b) Includes one child formerly classified as partially hearing already attending a special school for deaf pupils.

(c) Includes one child formerly classified as epileptic as major defect.

TABLE 25

CHILDREN WITH MULTIPLE HANDICAPS

December, 1962

(In Table 24 these children are included under their " major " handicap)

Double Defect Cases					*Triple Defect Cases*			
Primary Handicap	*Secondary Handicap*	*M.*	*F.*	*T.*	*Combination of Defects*	*M.*	*F.*	*T.*
Educationally subnormal	Maladjusted	1	1	2				
	Delicate	3	7	10	Epileptic, Maladjusted, Educationally subnormal	2	1	3
	Physically handicapped	5	6	11				
	Epileptic	—	2	2				
	Partially hearing	1	4	5	Epileptic, Educationally subnormal, Physically handicapped	—	2	2
	Speech defective	1	—	1				
Physically handicapped	E.S.N.	6	9	15	Physically handicapped, Educationally subnormal, Epileptic	1	—	1
Delicate	E.S.N.	3	1	4				
Deaf	E.S.N.	1	1	2	Partially deaf, Educationally subnormal, Delicate	—	1	1
Maladjusted	E.S.N.	8	5	13				
	Epileptic	2	—	2				
Epileptic	E.S.N.	7	1	8				
Partially hearing	E.S.N.	5	7	12				
	Delicate	1	—	1				
	Physically handicapped	1	2	3				
Partially sighted	Physically handicapped	—	2	2				
Speech defective	E.S.N.	1	—	1				
	Total	46	48	94	Total	3	4	7

Total number of children with double or triple handicaps—Male 49; Female 52 = 101.

TABLE 26

HOSPITAL SCHOOLS

Hospital School	*Type of case chiefly dealt with*	*Number of H.C.C. children attended during year*
Bursledon Annexe to Southampton Children's Hospital	General long-stay	69
Lord Mayor Treloar Hospital, Alton ...	Orthopaedic	232
White House Hospital, Milford-on-Sea ...	Tuberculosis and other respiratory disease	43

In addition to the children taught in these hospital schools, 26 children received tuition at Christchurch Hospital and 18 at the Leigh House Psychiatric Unit, Chandlers Ford.

Forty-four handicapped pupils were receiving home tuition on about 20th January, 1963.

TABLE 27

DELICATE PUPILS — DIAGNOSIS

	New Cases	*Total on Register*
General or nervous debility	12	96
Asthma, with or without bronchitis or eczema	16	80
Bronchitis	1	18
Bronchiectasis	1	18
Upper respiratory infections	3	8
Congenital heart disease	1	8
Migraine and catarrh	1	1
Nephritis	1	10
Obscure pyrexia	1	1
Tubercular infection	1	4
Perthes's disease of the hip	1	1
Colitis	1	3
Diabetes Mellitus	1	8
Bilateral suppurative otitis media	1	1
Fibrocystic disease and hepatosplenomegaly ...	1	1
Recurrent urinary infections	1	1
Other conditions (previously classified) ...	—	48
Totals ...	44	307

Three children with diabetes were sent on holidays organised by the Diabetic Association.

TABLE 28

PHYSICALLY HANDICAPPED PUPILS — DIAGNOSIS

	New Cases	*Total on Register*
Congenital heart disease	—	9
Other congenital malformations	8	39
Haemophilia	—	2
Asthma and eczema	—	3
Cerebral palsy	8	72
Myopathy	2	10
Poliomyelitis	1	16
Stills disease	1	3
Perthes's disease	—	3
Rheumatic carditis	—	1
Nephritis	—	1
Epidermolysis bullosa	—	1
Burns	—	1
Slipped epiphyses	—	1
Paralysis due to injury	2	7
Avitaminosis " D "	—	1
Cartilagenous operation	—	1
Fragilitis osseum	—	2
Cerebellar ataxia	—	1
Septic arthritis	—	1
Rheumatoid arthritis	—	2
Cerebral tumour	2	3
Mesenchymal tumour (spine)	1	1
Kernicterus	1	1
Osteomyelitis of femur	1	1
Totals ...	27	183

TABLE 29

EDUCATION OF CEREBRAL PALSIED CHILDREN

Attending Residential Special Schools	26
Attending Spastic Units—Cosham	6
—Southampton (LEA)	2
—Southampton (SS)	2
—Odstock (LEA)	3
—Poole (SS)	1
Attending Treloars Hospital Special Class (includes one in-patient)	7
Attending Markham House (Day Unit)	1
Lord Mayor Treloar College, Froyle, Near Alton	2
Futcher's Day Special School (Portsmouth LEA)	3
Awaiting Residential Special Schools or Spastic Units	4
Attending ordinary schools	14
Home tuition	1
Total	72

Educationally Sub-normal Pupils.

The Diagnostic Unit at Compton, for children aged five to seven years whose suitability for school is in doubt owing to mental subnormality, expanded during the year to its full complement of 40 children.

During 1962 17 children were discharged with recommendations for placement as follows:—

For Report to Local Health Authority as unsuitable for education at school	3
To attend ordinary school	1
To attend residential special schools for educationally sub-normal pupils	10
To attend day special school for educationally sub-normal pupils	1
To attend independent school pending admission to day special school for E.S.N. pupils	1
For exclusion and investigation by Psychiatrist	1
	17

Children Unsuitable for School.

During the year 25 children were reported to the Local Health Authority as unsuitable for education at school, under Section 57 of the Education Act, 1944. The parents of one of these children appealed but the Minister upheld the Authority's decision and the child was subsequently reported. One other appeal by parents was oustanding at the end of the year.

In three cases decisions that children were unsuitable for education at school were cancelled under Section 57 A(2). In two of these cases residential special schooling was recommended, and in the third case admission to Hawksworth Hall Assessment Centre.

The practice has been continued of admitting "borderline ineducable" children to Training Centres (for mentally sub-normal children) "unofficially"—that is to say without report under Section 57 of the Act. Twenty-five children attended Training Centres "unofficially" during 1962.

Forty-nine children were recommended for care or guidance after leaving school and information concerning them was passed to the Local Health Authority.

REST HOME SCHEME.

During the year 13 children (five boys and eight girls) were sent for convalescence for two or three weeks, following illness or on account of unsatisfactory home conditions.

TABLE 30

INFECTIOUS DISEASES

(a) **Notification of Inectious Disease in Children aged 5—14*.**

Diphtheria	0	Encephalitis—	
Scarlet Fever	71	Infective	0
Whooping Cough	35	Post-Infectious	0
Measles	690	Tuberculosis (aged 5—18) (incl'd. 4 non-pulmonary)	13
Erysipelas	0	Paratyphoid	1
Pneumonia	8	Dysentery	37
Meningococcal Infection	4	Food Poisoning	32
Poliomyelitis	1	Enteric Fever	0

* Includes children attending private schools.

(b) **Non-notifiable Infectious Disease reported by Head Teachers.**

German Measles	2,182
Mumps	457
Chicken Pox	1,529

Diphtheria—1,070 school children were immunised for the first time and 13,235 were re-immunised.

Poliomyelitis—the only case in the County was in a school child: there was some residual paralysis. Immunisation against the disease continues and 9,407 school children received re-inforcing doses during the year.

Whooping-cough, the most serious of the minor infectious diseases, was remarkably infrequent.

Measles, in accordance with the usual biennial phasing, was infrequent; but there was an extensive outbreak of **German Measles.**

Dysentery shows the lowest recorded figure. Of the 32 notified cases of **Food Poisoning,** 22 resulted from an outbreak due to Clostridium welchii in an independent school in April. There was also an outbreak of suspected food poisoning in a County primary school in April: 18 children and two staff vomited; no casual organism was discovered and the cases were not notified: it is likely that the school dinner was involved in this episode.

Tuberculosis. Three special investigations were carried out in schools as a result of notified disease in school children: no additional cases were found. The B.C.G. vaccination of children aged 13 years and over was continued:—

TABLE 31

B.C.G. VACCINATION OF SCHOOL CHILDREN

(a) Number offered vaccination ...	11,913
(b) Number tuberculin-tested	9,163 (76.9% of (a))
(c) Tuberculin positives	1,554 (16.9% of (b))
(d) Vaccinated	7,177 (60.2% of (a))

TABLE 32

CHILDREN FOUND VERMINOUS WITH HEAD-LICE

School Groups	*Number on Registers*	*Total Inspections*	*Total found verminous for the first time during year ("Nits" with or without lice)*					
			Boys		*Girls*		*Both Sexes*	
			No.	%	*No.*	%	*No.*	%
Primary or Nursery School Children ...	68,142	20,419	89	.26	338	.99	427	.63
Secondary School Children ...	48,562	5,090	5	.02	73	.30	78	.16
All Ages	116,704	25,509	94	.16	411	.70	505	.43

NOTE:—These percentages are based on the assumption that there are equal numbers of both sexes on the Registers. Children were found verminous in 89 schools.

TABLE 33

DEATHS OF SCHOOL CHILDREN

Infective and parasitic diseases	3
Malignant disease (including leukaemia)	10
Heart and circulatory disease	1
Pneumonia	3
Congenital malformations	7
Motor vehicle accidents	11
All other accidents	8
Other conditions	6
	49

SCHOOL MEALS AND MILK.

I am indebted to the County Education Officer for the following information:—

School Meals.

During the year, 322 departments were supplied with meals cooked on the premises and 127 departments with container meals from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:—

1957	53,700	1960	64,591
1958	58,321	1961	69,241
1959	61,375	1962	70,849

Of a total of 108,484 day pupils in School on a day in September, 1962, 65.31% took a school meal.

Four Cooking Depots are operated, their outputs being:—

Portchester ...	1,100	Romsey	810
Portsdown ...	650	Winchester ...	670

Towards the end of the Autumn Term, the Ministry of Education agreed that a slice of apple or a piece of raw carrot or turnip might be served at the end of the meal as part of the normal allowance of fruit and vegetables. Head Teachers were asked to implement these arrangements as far as possible, as an aid to dental hygiene.

School Milk.

(a) **Non-Maintained Schools.**

One-hundred-and-fifty non-maintained schools were supplied with milk, 147 having a pasteurised supply and three a tuberculin tested supply. In September, 1962, 12,642 (85.7%) pupils took milk in school.

(b) **Maintained Schools.**

All maintained schools were provided with pasteurised milk. The number of children receiving milk is shown in Table 34.

TABLE 34

NUMBER OF CHILDREN RECEIVING MILK IN SCHOOL

	No.	%*
Nursery	33	97.1%
Primary	59,489	93.2%
Secondary	27,610	61.3%
	87,132	80.1%

* Percentage of children at School on one day in Autumn Term.

HEALTH EDUCATION.

I am indebted to the County Education Officer for the following report prepared by Dr. W. Wagland, County Lecturer in Health Education:—

" The increasing awareness of Health as wholeness—a harmonious relationship of spirit, mind, body, in that order—and the importance of social and moral environment in the first five pre-school years makes it increasingly imperative that health education must include education for family life.

As the effective teaching of this expanded programme of health education requires the work of a team, the County Education Officer invited a working party to draw up a report on ' Health Education in Schools ' which would stress the importance of education for family life. This report has now been prepared.

During the latter part of the year more attention has been given to Technical Colleges, talks and discussions being arranged by Principals and Staffs for all students, full-time and day-release. In schools some priority has been given to boys schools.

Advice regarding cigarette smoking, given over the last 13 years, has been intensified but the example set by society generally is not helpful.

In schools and technical colleges requests for information about venereal disease indicate an awakening interest, while discussions reveal a woeful ignorance about this threat to health.

The year's work leaves two outstanding impressions. One is the great leeway that has to be made up in understanding and helping young people in their emotional and personal relationship problems which, in quite a number of cases, give rise to anxiety. The other is the sincere desire of young people to live well, and, generally speaking, willingness to consider seriously their future responsibilities of career, citizenship and parenthood."

In conclusion I would express my appreciation of Dr. Wagland's work in this field, and again emphasise my belief that health education has a major part to play in the endeavour to ensure that children leave the Hampshire schools equipped in body and mind to build a sane and stable community.